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ABSTRACT

This document presents the Massachusetts Early Childhood Program Standards and Learning Guidelines for Three- and Four-Year-Olds, required for programs receiving funding through Community Partnerships for Children (CPC). The standards were developed in accord with the accreditation process of the National Association for the Education of Young Children and are designed to guide ongoing development, evaluation, and improvement of center-based preschool programs funded through CPC. Following an overview of the impact of these standards on various types of preschool programs in Massachusetts, the program standards are presented in the following areas: (1) interactions between staff and children and among children; (2) curriculum and assessment; (3) physical environment; (4) family involvement; (5) staff qualifications and staff development; (6) group ratio and size; (7) health and safety; (8) nutrition and food service; (9) transportation; (10) administration; and (11) accreditation and evaluation. Each area includes standards and substandards in a checklist format for ease in evaluation. A glossary of relevant terms completes the document. Seven appendices include a list of equipment and materials for preschool programs, regulations on physical access, forms for program use, and Massachusetts teacher licensing requirements. (KB)

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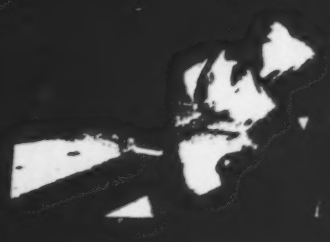

Early Childhood Program Standards

For Three and Four Year Olds

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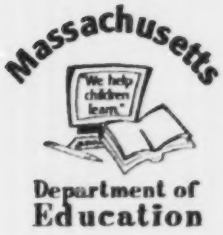

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In addition, we want to acknowledge the work on early childhood learning standards by other State Departments of Education, in particular, Louisiana, Pennsylvania and Connecticut. We also thank the following Massachusetts school districts who shared their early childhood curriculum materials and gave permission to utilize them in developing statewide guidelines: Brockton Public Schools, Cambridge Public Schools, Greenfield Public Schools, Holyoke Public Schools, Mohawk Trail Regional School District, Northbridge Public Schools, Plymouth Public Schools, Walpole Public Schools, Worcester Public Schools.

Overview

This document presents the Early Childhood Program Standards and Learning Guidelines for Three-and Four-Year Olds. The Program Standards replace the existing Early Childhood Standards for Programs for Three-and Four-Year Olds adopted by the Board in 1988. Programs receiving funding through Community Partnerships for Children (CPC) are required to comply with these Standards. Public school programs that are not licensed by OCCS will need to comply with all these standards. Programs that are already licensed by the Office of Child Care Services (OCCS) need only document that they are meeting those standards that exceed those of OCCS (see chart on next page). The Guidelines for Preschool Learning Experiences are based on the Massachusetts Curriculum Frameworks. Programs receiving CPC funds must document that they are using these guidelines in developing theircurriculum. A process for waivers or variances is described in the section on Accreditation and Evaluation.

Massachusetts legislation (M.G.L. Chapter 15, Section 54) directs the Board of Education's Early Childhood Advisory Council to review standards for prekindergarten programs and make recommendations for changes. The legislation states "All programs providing services pursuant to this section shall seek accreditation from the National Association for the Education of Young Children" (NAEYC) and also states that:

> "The board may establish standards for pre-kindergarten programs delivering services pursuant to this section, and said standards shall meet or exceed the existing standards of the Office of Child Care Services for programs which serve three- and four-year old children, in whole and half-day programs. The board shall collaborate with the Office of Child Care Services, the Massachusetts Association of Day Care Agencies, Parents United for Child Care, the Young Men's Christian Association of Massachusetts, the Massachusetts Independent Child Care Organization, and Head Start to develop for said programs a common set of standards and licensing procedures built around the NAEYC accreditation process."

To develop a common set of program standards and licensing procedures, the Massachusetts Early Childhood Advisory Council brought together a diverse group from across the field of early care and education, including representatives of Head Start, private preschool and child care programs, public school programs, Early Intervention, higher education, the YMCA, OCCS and many other agencies and organizations involved in the care and education of young children. The standards in this document have been carefully developed in accord with the NAEYC accreditation process and meet or exceed the OCCS standards as the law requires. To be sure the standards are as comprehensive as possible, the Council reviewed the program standards of the Massachusetts Office of Child Care Services, Massachusetts Department of Education preschool program standards, the NAEYC Accreditation Standards, and the Head Start Performance Standards. Study grids were created summarizing all four sets of standards in order to create a common set of standards. A draft of this set of program standards and learning guidelines was released for public comment in July 2001 and revised based on public comment.

Impact of These Standards on Various Early Childhood Programs

These Standards should be used to guide ongoing development, evaluation, and improvement of center-based preschool programs funded through the Community Partnerships for Children (CPC) program. CPC provides funding to child care, Head Start, and public school programs serving three- and four-year olds. The implications on different programs and populations are described in the chart below and summarized on page 5. The chart below illustrates the areas in which specific programs may be affected by changes in program standards. Programs will need to focus on starred areas (see key below).

Key:

No Impact: Programs already meet these Standards under current licensing or program standards (S) or NAEYC Accreditation (A)

*: Some standards are new or expanded from current standards and may require programmatic changes

Chart 1: Impact of Different Types of Programs

	Area	Impact on Public School Preschool Programs	Impact on Private Center-Based Programs	Impact on Head Start Programs	Impact on Family Child Care and Private or Public School Preschool Programs NOT funded by CPC
1.	Interactions Between Staff and Children, and Among Children	No Impact (A)	No Impact (A)	No Impact (A)	No Impact Standards apply only to center-based programs funded by CPC
2.	Curriculum and Assessment	* Assessment section	*	*	"
3.	Physical Environment	* (More detailed)	No Impact (S)	No Impact (S)	"
4.	Family Involvement	No Impact (S)	No Impact (S)	No Impact (S)	"
5.	Staff Qualifications and Staff Development	* Title I teacher aides	* New teachers by 2010 * Section E.3	* New teachers by 2010	"
6.	Group Ratio and Size Consistent with Special Education Regulations	No Impact (S)	No Impact (A)	No Impact (A)	"
7.	Health & Safety	* (More detailed)	No Impact (S)	No Impact (S)	"
8.	Nutrition and Food Service	No Impact (S)	No Impact (S)	No Impact (S)	"
9.	Transportation	* Section B	* Section B	* Section B	"
10.	Administration	No Impact (S)	* Section D.4	* Section D.4	"
11.	Accreditation and Evaluation	No Impact (A)	No Impact (A)	No Impact (A)	"
12.	*Guidelines for Preschool Learning Experiences*	Programs document use for curriculum planning	Programs document use for curriculum planning	Programs document use for curriculum planning	Recommended for use with 3 & 4 year olds served

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Changes for Public School Preschool Programs

Public school preschool programs that receive funding under CPC are required to meet all the program standards. Most of these standards were already required under the previous Chapter 188 standards or under NAEYC accreditation. Some of the standards are more detailed than the previous standards, particularly in the areas of health, safety, and the physical environment. Public school administrators and CPC coordinators need to become familiar with the standards so that they may provide guidance to staff in complying with them. Public school preschool programs that are locally funded are encouraged but not required to follow these standards. These standards replace the *Early Childhood Standards for Programs for Three-and Four-Year Olds* (1988).

Changes for OCCS Licensed Programs

In order to receive CPC funds, private and Head Start programs that are licensed in good standing by the Office of Child Care Services need only document that they are meeting the standards that exceed those of OCCS in the sections starred (*) in the impact chart. The higher standards for the qualifications for teachers are proposed to be instituted over a lengthy period of time, and require that **newly hired** teachers hold an Associate's degree by 2010 and a Bachelor's degree by 2017. This is based on research showing that teacher training and qualifications are the best indicators of program quality. Currently, teachers in child care and Head Start programs are not paid sufficiently to attract and retain professionals with degrees. Higher standards will require that teachers be paid higher salaries and that funding will need to be provided for the financial supports and other resources to allow programs to meet these standards. Staff currently holding positions would only need to meet the higher requirements if they move to a new program. A waiver process will allow programs to address special circumstances.

Using the Early Childhood Program Standards with Special Populations

The *Early Childhood Program Standards* have been developed based on the needs of three- and four-year old children, and reflect the importance of the inclusion of children with disabilities in all program activities with their peers and the need to adapt the environment, materials, and curriculum to meet children's individual needs. Programs should consult other documents that may influence how these recommendations are fulfilled (e.g., ADA, architectural access board, or local building regulations).

Using the Standards and Guidelines for Preschool Learning Experiences to Plan Curriculum

The standards for Curriculum and Assessment address general requirements of the preschool curriculum. Programs are required to demonstrate that they are using the *Guidelines for Preschool Learning Experiences* based on the Massachusetts Curriculum Frameworks. The guidelines are not intended to serve as a statewide curriculum. They do not limit what curricula may be used or how they should be implemented. They present developmentally appropriate practices that are in many early childhood curricula. Although the guidelines are presented by separate content areas, curriculum should be viewed holistically and implemented in an integrated approach.

The Process for Overseeing the Standards

A process for program evaluation that includes both internal and external evaluation components has been developed by the Department of Education and is outlined in the section on Evaluation and Accreditation. The Standards are provided in a checklist format to facilitate the annual internal evaluation process *(see Accreditation and Evaluation section for more details)*. Programs must maintain documentation of the results of that evaluation. If a program is identified as being substantially out of compliance with the *Early Childhood Program Standards*, either during the Comprehensive Review Site Visit (CRSV) process, or through notification to the DOE in writing, the program/Partnership will be notified and an appropriate plan developed to address the identified areas. A waiver process is also outlined in this section.

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Area 1: Interactions Between Staff and Children, and Among Children

Purpose: Positive interactions both between staff and children and among children provide a strong foundation for children's social, emotional, and language development. A positive and nurturing climate is established when staff make time to talk individually with children during the course of a day and interact respectfully with all children; when children have opportunities to play and explore together, and when children are guided in positive peer interactions and behavior management strategies.

The following checklist of Standards and substandards for Interactions Between Staff and Children and Among Children will be used for your self-assessment.

A. There are opportunities for POSITIVE PEER INTERACTIONS

- ☐ 1. The classroom environment and activities are designed to encourage peer interaction for the major part of the child's day.
- ☐ 2. Staff model and encourage cooperation and responsible behaviors among children.
- ☐ 3. Interactions and activities are designed to foster children's self-esteem and positive feelings toward learning.
- ☐ 4. Staff encourage group cohesiveness while respecting individual members.
- ☐ 5. Children are given opportunities to choose from a variety of activities in which they can play alone or with one or several peers.
- ☐ 6. Children appear comfortable, relaxed, happy, and involved in play and other activities.
- ☐ 7. Staff assist children in dealing with emotions such as anger, sadness and frustration by comforting, identifying feelings, and helping children use words to solve their problems.
- ☐ 8. Staff encourage pro-social behaviors among children, including cooperating, helping, taking turns and talking to solve problems.
- ☐ 9. Staff assist children with disabilities to interact according to individual needs.

B. There are POSITIVE STAFF/CHILD INTERACTIONS

- ☐ 1. Staff greet children and parents warmly.
- ☐ 2. Staff assist children and encourage them to be involved, and to share experiences, ideas and feelings.
- ☐ 3. Staff have meaningful conversations with children and are responsive to their needs, temperaments, learning styles and interests.
- ☐ 4. Staff frequently use open-ended questions and statements when conversing with children.
- ☐ 5. Staff talk with individual children as opposed to the whole group most of the time.
- ☐ 6. Staff are physically at the child's eye level when communicating with them most of the time.
- ☐ 7. Staff interact frequently with children showing affection, interest and respect.
- ☐ 8. Staff speak with children in a friendly, courteous manner.
- ☐ 9. Staff encourage children of all ages to use language.

C. Staff relate FAIRLY AND EQUITABLY to all children and adults

- ☐ 1. Staff treat children and adults with equal respect, regardless of gender, race, age, language, religion, culture or family composition.
- ☐ 2. Staff provide all children, including those with disabilities or whose first language is not English, with equal opportunities to take part in all activities.

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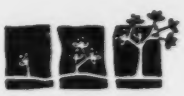

D. Staff foster children's INDEPENDENCE

- ☐ 1. Staff provide guidance to assist children to solve problems and make decisions.
- ☐ 2. Opportunities are provided to all children to develop self-help skills such as dressing and undressing, personal hygiene, and using eating utensils appropriately, with accommodations for children with disabilities as needed.
- ☐ 3. Materials and equipment are arranged in a manner that is visible and readily accessible to children so that children (including those with disabilities) may select, remove and replace the materials independently or with minimum assistance.

E. Children's BEHAVIOR is managed in a positive manner

- ☐ 1. The program has a written statement defining the rules, policies, and procedures for the behavior management of three- and four-year old children, which are directed to the goal of maximizing the growth and development of the children, and for protecting the group and individuals within it.
- ☐ 2. The behavior management policy is posted in a conspicuous place and provided to and discussed with parents at time of enrollment.
- ☐ 3. Staff use behavior management techniques such as setting reasonable and positive expectations, offering choices and providing children an opportunity to verbalize their feelings, which encourage children to develop self-control through understanding.
- ☐ 4. Staff use positive techniques of guidance, including modeling, redirection, positive reinforcement and encouragement rather than competition, comparison or criticism.
- ☐ 5. Behavior management techniques are discussed among staff and used in a consistent, reasonable, and appropriate way based on an understanding of an individual child's needs and development.
- ☐ 6. Self-discipline is encouraged through facility arrangement, daily scheduling, and allowing children to resolve their own conflicts as appropriate.
- ☐ 7. Punishment is not guidance or behavior management, and the following punishments are never used: abusive or neglectful treatments of children, including spanking or corporal punishment, isolation, verbal or physical abuse, neglect, humiliation, depriving children of meals or snacks, force feeding children, denial of outdoor time or basic needs; punishment for soiling, wetting, or not using the toilet, including forcing a child to remain in soiled clothing, to remain on the toilet, or any other unusual or excessive practices for toileting.
- ☐ 8. Where appropriate and feasible, children participate in the establishment of rules and procedures.

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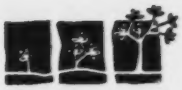

Area 2: Curriculum and Assessment

See also: Guidelines for Preschool Learning Experiences

Purpose: Curriculum is defined as **everything staff do with children**. A well-balanced curriculum supports the development of all children socially, emotionally, physically, and intellectually. The curriculum should be designed for active involvement by children in the learning process, recognizing that young children learn through play, active manipulation of the environment, concrete experiences, and communicating with peers and adults. The curriculum should provide a variety of activities and materials to encourage behaviors appropriate to each child's age, background, stage of development, and individual needs, including adaptations for children with disabilities. **Assessment** is defined as the process of observing, recording, and documenting children's development, participation, and learning over time. The purpose of assessment is to help teachers plan appropriate activities for each child. Assessment should be ongoing, systematic, extracted from natural play activities, and cumulative.

This section addresses standards for curriculum and assessment for preschool programs. See *Guidelines for Preschool Learning Experiences* based on the *Massachusetts Curriculum Frameworks* for more information on curriculum. Programs are expected to meet the following standards for curriculum and assessment as well as document use of the *Guidelines for Preschool Learning Experiences* with written plans demonstrating learning and skill development in each of the content areas. Also see Appendix A: Suggested List of Equipment and Materials.

Use the following checklist of Standards and substandards for Curriculum and Assessment for your self-assessment.

A. The program provides opportunities for CURRICULUM PLANNING

- ☐ 1. Time is dedicated to curriculum planning away from children.
- ☐ 2. The program documents use of the *Guidelines for Preschool Learning Experiences* (Part II), through written plans demonstrating a wide range of learning activities in each area.
- ☐ 3. Curriculum plans are based on the observed/documented needs and interests of the children in the group.
- ☐ 4. Written plans describe teacher-initiated and child-initiated activities that are developmentally appropriate in individual, small group, and whole group settings.
- ☐ 5. At least weekly, classroom staff discuss the curriculum and plan for individual children's needs and growth including special circumstances (e.g., broken leg, allergies, death in family, speech/language needs without an IEP).
- ☐ 6. Daily group time and activity center plans indicate adaptations/modifications necessary for facilitating children with disabilities to meet IEP goals.

B. The curriculum is BASED ON INFORMATION ABOUT THE CHILDREN derived from a variety of sources

- ☐ 1. Child Observation: Observations of each child's development and learning are written and compiled systematically on an ongoing basis.
- ☐ 2. Evaluation of Children's Progress: Observations may consist of anecdotal records, ongoing classroom and playground observations, checklists, and dated compilations of children's work (portfolios).
- ☐ 3. Information Sharing: Information is shared regularly between parents and staff. Staff protect the confidentiality of information about children and families. (Conversations about an individual child should not be conducted in the presence of the child or any child or adult unrelated to the child.)

C. There are a variety of ACTIVITY AREAS

- ☐ 1. Areas are provided to accommodate and encourage activities such as block building, dramatic play, art, music, science, technology, mathematics, book reading, writing, manipulatives, woodworking, and sensory play (e.g., sand, water, tactile activities).
- ☐ 2. Activity areas are accessible and modified/adapted to accommodate the needs of children with disabilities.
- ☐ 3. Time and space are available both indoors and outdoors for physical skill development and gross motor activities.
- ☐ 4. Areas are set aside for quiet play.

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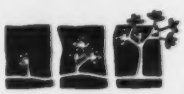

D. Activities, materials, and equipment promote EDUCATIONAL GOALS through concrete learning

- ☐ 1. Learning experiences support problem solving, critical thinking, communication, and social skills within a meaningful context for the child.
- ☐ 2. Play experiences foster development and organization of knowledge about the world around them.
- ☐ 3. There are goals for social/emotional development, cognitive development, English language and literacy development, development of mathematical concepts, development of scientific concepts, self-expression in art, music, movement and dance, dramatic play, health, and physical development (see *Guidelines for Preschool Learning Experiences.*)

E. Goals are adapted to meet INDIVIDUAL NEEDS

- ☐ 1. Curriculum goals and activities are based on the individual needs and interests of the children enrolled, allowing for a range of abilities.
- ☐ 2. Each child is viewed as a unique person with an individual pattern of development, interests, preferences.
- ☐ 3. Choices of activities are always offered.
- ☐ 4. Experiences are provided that help children increase their knowledge of other children's family traditions and foods, where appropriate.
- ☐ 5. Activities and routines are designed to accommodate Individualized Educational Program (IEP) services and therapies within the classroom (integrated services) for children with disabilities (see Administration section for specific information re. children with disabilities).
- ☐ 6. Activities and materials increase in complexity and challenge as children's understanding and skills develop.
- ☐ 7. Requiring completion of closed-ended paper and pencil/crayon tasks are not encouraged.

F. Student assessment is used to PLAN FOR AND MODIFY the instructional program as needed *(Also see Parent Involvement area for required authorization.)*

- ☐ 1. Student assessment is used to help determine the needs of individual students when planning for instruction.
- ☐ 2. Student assessment is based primarily on information gained from teacher observations, information shared by children's families, and portfolios containing samples (e.g., projects, audiotapes, videotapes, photographs) of children's work.
- ☐ 3. Any formal assessment instruments that are used are valid, reliable, culturally sensitive, and administered by trained personnel. In some cases parent consent is required.
- ☐ 4. Preschool children are not assessed by paper and pencil tests that require marking a correct answer.
- ☐ 5. Multiple assessment methods are used to identify children's needs, interests, and progress.
- ☐ 6. Modifications are made to any assessment to meet the needs of children with disabilities if needed.
- ☐ 7. Information about all areas of the child's development and progress are systematically collected and documented throughout the year.
- ☐ 8. Assessment is an integral part of daily planning and instruction.
- ☐ 9. Assessment takes place in the setting and familiar routines of the regular classroom.
- ☐ 10. Staff and families share assessment information and child's growth on a regular basis.
- ☐ 11. Data from assessment are used to adapt activities, teaching practices, routines, and the setting to meet the needs of children.
- ☐ 12. Information received from a single developmental assessment or screening is never used as a basis for major decisions affecting the placement or enrollment of a child.
- ☐ 13. Variations in development that do not improve over time are brought to the attention of parents and appropriate staff.

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G. There is a STRUCTURE that supports the variety of learning needs of children

- ☐ 1. The daily schedule provides a balance of activities on the following dimensions:
  - ☐ a. indoor/outdoor (weather permitting) including both small/large muscle activities
  - ☐ b. quiet/active
  - ☐ c. individual/small group/large group
  - ☐ d. child-initiated/staff-directed
- ☐ 2. Materials and time are provided so that children can select their own activities on a free-choice basis approximately half the time (e.g., at least two activity periods a day for full-day programs, and at least one activity period a day for half-day programs).
- ☐ 3. Most materials and equipment are visible and readily accessible so that children (including those with disabilities) may select, remove, and replace the materials either independently or with minimum assistance.
- ☐ 4. Open-ended materials (e.g., blocks, sand, water, play dough, manipulatives, art materials) are available for children to experiment with.
- ☐ 5. The amount of time spent in large group, teacher-directed, or sedentary activity is limited.
- ☐ 6. Staff respect the child's right to choose **not** to participate at certain times.
- ☐ 7. Children have opportunities to play alone or with one or more chosen peers if desired.
- ☐ 8. Privacy is provided by arranging small, quiet areas that are inviting to children. These areas are easily accessible to children who need time alone. These areas should be visible and easily supervised by staff.
- ☐ 9. Staff develop emergent curriculum by building on children's interests and extending activities that children initiate.

H. The daily ROUTINES are flexible but predictable

- ☐ 1. There is reasonable regularity/predictability in the routines, as reflected in the posted schedule (e.g., timelines, picture lines).
- ☐ 2. Routines are tailored to children's needs and rhythms as much as possible.
- ☐ 3. There is sufficient flexibility to respond to the needs and interests of individual children, and to cope with changes in weather and other situations that affect routines.
- ☐ 4. Staff adjust to changes or unexpected situations in a relaxed way.
- ☐ 5. Children are not rushed to finish or stop when deeply engaged in an activity.

I. There are established TRANSITIONS between activities that are smooth and unregimented

- ☐ 1. Activities are planned and organized in advance to avoid waiting.
- ☐ 2. Children are informed prior to transitions, which occur in a timely, predictable, and unhurried manner to accommodate individual needs.
- ☐ 3. Children are not always expected to move as a group from one activity to another.
- ☐ 4. Cues such as songs, familiar phrases, or visual cues are used to support children's transitions.

J. There are QUIET OR REST ACTIVITIES *(Extended rest period requirements are contained in the section on physical environment.)*

- ☐ 1. Children are allowed the amount of quiet activity, rest, or sleep appropriate to their individual needs.
- ☐ 2. Quiet activities include, but are not limited to, puzzles, books, listening to music, relaxation, or playing with manipulatives.
- ☐ 3. Programs where children attend for more than four hours provide a time period for rest, quiet activity, or sleep of not less than forty-five minutes in addition to the mid-session rest or quiet activity.
- ☐ 4. An appropriate place/activity, and supervision are provided for children who do not sleep.

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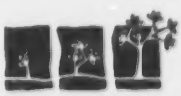

K. There are opportunities for children to practice SELF-HELP skills

- ☐ 1. Self-help skills are encouraged as children are ready, with the support, involvement and reinforcement of the parents.
- ☐ 2. Routine self-help tasks such as toileting, eating, and dressing are handled in a positive, relaxed, reassuring, and individualized manner.
- ☐ 3. Self-help skills are incorporated into the program and used as opportunities for pleasant conversation and playful interaction to bring about children's learning.

L. There is opportunity for PARENTAL INPUT into curriculum

- ☐ 1. There is a procedure for allowing parental input in the program's curriculum (e.g., a questionnaire or survey; parent group meetings, etc.).
- ☐ 2. Parents are offered opportunities to increase their child observation skills and to share information with staff about their own observations of their child that will help staff in planning learning experiences.

Area 3: Physical Environment

Purpose: Both indoor and outdoor space will be safe and accessible to all children, including those with disabilities. The indoor and outdoor physical environment will reflect children's interests and offer opportunities for varied play experiences, exploration, and learning. Appropriate supervision, both physical and visual, will always be available.

Use the following checklist of Standards and substandards for Physical Environment for your self-assessment.

A. The OUTDOOR PLAY AREA is safely maintained and encourages play and learning

- ☐ 1. There is play equipment of sufficient quantity and variety and appropriate to the needs and ages of the children. Outdoor playgroups may be scheduled at alternating time periods to allow for space.
- ☐ 2. The program maintains or has access to an outdoor play area, accessible to children with disabilities, with a minimum of 75 usable square feet per child for the number of children who are outside at any one time.
- ☐ 3. The average width of the play area is not less than 8 feet.
- ☐ 4. There is appropriate outdoor play space available for each age group.
- ☐ 5. A path and transfer points are available to ensure that equipment is accessible to children with disabilities.
- ☐ 6. The play area is fenced by a non-climbable barrier at least four feet high or contained by natural barriers. If outdoor play space is located on a roof, it is protected by a non-climbable barrier at least 7 feet high.
- ☐ 7. The area is free from hazards including but not limited to a busy street, poisonous plants, water hazards, debris, broken glass, and dangerous machinery or tools, or location on a porch. Any hazard is fenced by a sturdy, permanently installed barrier which is at least four feet high or otherwise protected or removed, as appropriate.
- ☐ 8. The soil and play area does not contain hazardous levels of any toxic substance.
- ☐ 9. There is equipment available that encourages active physical play and quiet play and activity.
- ☐ 10. All play equipment is constructed and installed in such a manner as to be safe for use by children (e.g., height is not excessive; equipment is not a potential source of entrapment).
- ☐ 11. Play area and equipment are inspected and regularly maintained in good condition and in good repair.
- ☐ 12. There is a shaded area or protection from direct sunlight in the outdoor play area.
- ☐ 13. The outdoor play area is not covered with a dangerously harsh, abrasive, or toxic material.
- ☐ 14. Sufficient quantities of cushioning/impact absorbing materials such as mats, wood chips or raked soft sand are used under climbing structures, slides, swings or seesaws in the fall zones around them. Pea gravel and wood chip nuggets are not used in programs that also serve infants and toddlers.
- ☐ 15. Staff check children's clothing to be sure it is appropriate for playground safety (e.g., free from strings or loose laces that could become entangled or wedged in equipment).
- ☐ 16. Play areas are clearly visible to staff members at all times.

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B. The INDOOR ENVIRONMENT is safely maintained and encourages play and learning

- ☐ 1. The indoor environment is safe, clean and physically accessible to children with disabilities.
- ☐ 2. There is a minimum of 35 square feet per child of usable indoor classroom activity space, exclusive of hallways, lockers, bathrooms, kitchens, closets, offices and areas regularly used for other purposes.
- ☐ 3. Matches, lighters, plastic bags, and adult possessions are inaccessible to children.
- ☐ 4. Strings and cords (e.g., that are part of toys and window shades) longer than six inches are not within children's reach.

C. There is a defined CLASSROOM ARRANGEMENT that offers appropriate play and storage areas

- ☐ 1. Indoor play areas are defined clearly by spatial arrangement.
- ☐ 2. Space is subdivided into areas so that children can play individually, together in small groups and in a large group, and to accommodate the variety of activities contained in the curriculum section of the standards.
- ☐ 3. There is a private yet visible area where a child can play or work alone or with a friend.
- ☐ 4. Space is arranged to provide clear pathways for movement from one area to another, to separate noisy activities from quieter ones and to allow visual supervision of children by staff.
- ☐ 5. Individual spaces are provided for children and adults to hang their clothing and store their personal belongings.

D. There are a variety of MATERIALS AND EQUIPMENT that are safely maintained *(See Appendix A for a list of suggested materials.)*

- ☐ 1. The program uses materials and equipment that are appropriate to children's age and stage of development and that reflect a wide variety of family backgrounds.
- ☐ 2. The program provides an adequate variety of play materials and equipment for the size of the group, representative of each of the following categories:
  - ☐ a. art materials
  - ☐ b. blocks & accessories
  - ☐ c. language & literacy
  - ☐ d. dramatic play
  - ☐ e. music & movement
  - ☐ f. large muscle (gross motor)
  - ☐ g. manipulatives and fine motor
  - ☐ h. sand & water play
  - ☐ i. puzzles & games
  - ☐ j. materials that support mathematical learning
  - ☐ k. materials that support learning in science & technology/engineering
- ☐ 3. Materials are of sufficient quantity for the number of children enrolled at any one time, are of a sufficient range of textures, including softness, and are arranged on low, open shelves to promote independent use.
- ☐ 4. Materials that require teacher supervision are stored out of children's reach.
- ☐ 5. All equipment and furniture are clean and in safe, workable condition and meet requirements under the section, Health and Safety.
- ☐ 6. There are no equipment, materials, furnishings, toys, or games identified by the US Product Safety Commission as hazardous.

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E. There are REST OR SLEEP periods *(Note: Additional rest period requirements are contained in the section on curriculum.)*

- ☐ 1. Programs that provide extended rest or sleep periods minimize noise and disturbances during the rest time.
- ☐ 2. A blanket and separate mat, cot or bed are made available for each child.
- ☐ 3. An appropriate place is available for children who do not sleep.
- ☐ 4. All cots, mats, blankets and sheets are individually marked, in good repair, and kept clean and stored so as to prevent communicable diseases.
- ☐ 5. The sleeping area is arranged so that there is a minimum of two feet between children and so that children are clearly visible to staff at all times.
- ☐ 6. Pathways are clear for emergency evacuation and accessible to individuals with disabilities as appropriate.
- ☐ 7. Restraints are not used on children while sleeping unless specified on the child's Individualized Education Program.

F. There are appropriate EATING AREAS

- ☐ 1. Areas used for eating are arranged to be inclusive of all children.
- ☐ 2. Areas used for eating are large enough to accommodate tables and chairs in an uncrowded manner.
- ☐ 3. Tables, chairs and eating utensils used by children are in good condition and are appropriate to the size and developmental needs of young children, including children with disabilities.
- ☐ 4. When feeding tables or high chairs are used, they are designed to prevent children from falling or slipping.
- ☐ 5. Tables that are used for multiple purposes are thoroughly disinfected before using for eating.

G. The ENVIRONMENT protects the health and safety of children *(Also see requirements in section on Health and Safety.)*

- ☐ 1. All rooms are well lighted and ventilated.
- ☐ 2. Room temperature is no less than 65° F, and not more than the outside temperature when the outside temperature is above 80° F.
- ☐ 3. Stairways are well lighted and equipped with handrails.
- ☐ 4. Suitable guards are provided across the inside of any windows that are accessible to children and present a hazard, and across the outside of windows accessible from outdoor play areas. In programs where children have access to the kitchen, gates or guards are placed at the kitchen entrance, which prevents children's access to the kitchen while unsupervised.
- ☐ 5. Guards are placed at the top and bottom of stairwells opening into areas used by children. Pressure gates are not used at the top of stairs.
- ☐ 6. All electrical outlets within the reach of children are made inaccessible by use of a safety devices or covering that bars access to the receptacle openings, and is of adequate size to prevent a choking hazard.
- ☐ 7. Floors of rooms used by children are clean, unslippery, smooth, free from cracks, splinters, and sharp or protruding objects and other safety hazards. Floor coverings are attached to the floor or backed with non-slip materials, and kept clean. Those floors in direct contact with the ground have flooring impenetrable to water.
- ☐ 8. Ceilings and walls are maintained in good repair and are clean and free from sharp or protruding objects and other safety hazards.
- ☐ 9. The indoor environment is kept clean and maintained free from rodents and/or insects. Safe and effective means of eliminating insects and/or rodents is provided. All extensive extermination is carried out by a licensed exterminator.
- ☐ 10. Windows and glass doors are constructed, adapted or adjusted to prevent injury to children. Screens are placed on all windows that are opened, in areas where insects are a problem.

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(G. continued. . . The ENVIRONMENT protects the health and safety of children)

☐ 11. Hot pipes and radiators are covered or inaccessible to children.

☐ 12. Major housekeeping and repair activities in the classroom are done when children are not present.

☐ 13. There are no highly flammable furnishings, decorations or materials that emit toxic fumes when burned.

☐ 14. The building is smoke free and the environment is free from toxins such as pesticides, herbicides and other air pollutants as well as soil contaminants.

☐ 15. All areas used by children are safe, clean and maintained in good repair.

☐ 16. All toxic and sharp objects are stored in a safe (locked/inaccessible) place. All containers (e.g., cleaning materials, disinfectant supplies) are labeled with contents of container and actions to be taken in case of ingestion.

☐ 17. There is a designated space, separate from the children's play or rest areas, for administrative duties and staff or parent conferences.

☐ 18. There is sufficient space, accessible to children, for each child to store clothing and other personal items.

☐ 19. Electric fans, if used, are mounted on wall or ceiling, or guarded to limit size of opening to less than one-half inch.

☐ 20. Gasoline and other flammable materials are stored in a separate building.

H. BATHROOMS meet the needs of children

☐ 1. Bathrooms are readily accessible to all children, including children with disabilities.

☐ 2. If required, special handrails or other aids are provided.

☐ 3. Minimum of one toilet and sink is provided for every twenty children in one or more well ventilated bathrooms.

☐ 4. Hot and cold running water is available.

☐ 5. A temperature control is used to maintain hot water at no more than 120° F.

☐ 6. When adult toilets and washbasins are used, non-tippable stairs or stalls are provided to permit access by those children who are able to use them.

☐ 7. Bathroom doors do not contain locks or fixtures that a child can lock from the inside yet cannot be easily unlocked from the outside.

☐ 8. Shared bathrooms for both boys and girls are acceptable.

I. There is regular INSPECTION of the building(s)

☐ 1. The program meets current state and local building codes and safety requirements.

☐ 2. A current certificate of inspection from the Department of Public Safety or local building inspector is kept on file.

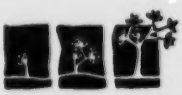
J. The program is in compliance with LEAD PAINT requirements

☐ 1. The program provides evidence that the facilities used by the children on a regular basis comply with current requirements of the Massachusetts Department of Public Health for lead paint (105CMR460.000) under Department of Public Health Prevention and Control of Lead Paint Poisoning regulations.

☐ 2. New programs meet current regulations.

☐ 3. The program removes or covers any chipping, flaking or otherwise loose paint or plaster found to contain lead according to current Department of Public Health requirements.

☐ 4. Any paint used on outdoor equipment is lead-free.



K. There is physical ACCESS FOR PERSONS WITH DISABILITIES

☐ 1. The program ensures access for persons with disabilities either by compliance with the design standards in 521 CMR (Architectural Access Board) or by compliance with the requirements of 102 CMR 7.26 (see Appendix B, Office of Child Care Services Regulations on Physical Access).

☐ 2. The program makes reasonable accommodations for children with disabilities and provides access to the full range of activities provided by the program.

L. For programs that offer swimming activities: The swimming POOL area is safe

☐ 1. During swimming activities a ratio of one adult to four children is maintained.

☐ 2. At least one adult is certified in CPR and basic water safety.

☐ 3. An adult is present who is aware of pump location and able to turn it off in the event of an emergency.

☐ 4. Environmental modifications include fences and self-locking gates or other appropriate barriers to child access.

Area 4: Family Involvement

Purpose: The program will invite parent involvement. Staff will engage in a supportive partnership around the child, program, and home to build mutual understanding and consistency for the child. Staff will support parent(s) as the primary educators of their child and will be respectful of the home and culture. Staff and parents will keep each other well informed about the child and program.

Use the following checklist of Standards and substandards for Family Involvement for your self–assessment.

A. WRITTEN information is provided to parents *(See section on Administration [Program Policies] for specific information that programs are required to give to parents).*

- ☐ 1. Written information about the program is given to parent(s) upon admission. Whenever possible, written information is translated into the parent(s)' native language and/or translation supports are provided or referred.
- ☐ 2. Information is provided to parent(s) in the form of a parent handbook or other appropriate mechanism.
- ☐ 3. The program maintains documentation that the parent(s) or guardian(s) have received and understood the policy information.

B. The program provides an ORIENTATION process

- ☐ 1. There is a process for orienting children and parents to the program.
- ☐ 2. The orientation process includes the opportunity to visit the classroom, meet the on-site administrator, review written material and observe and talk with staff prior to enrollment.
- ☐ 3. Programs assist families whose primary language is other than English, or who require use of alternative communication methods, to understand the program.

C. The program has a system to gather FAMILY/CHILD INFORMATION

- ☐ 1. There is a process that enables the program to learn about each child's and family's interests and needs.
- ☐ 2. A developmental history for each child is completed by parent(s) upon enrollment, discussed between staff and parent(s) as needed and placed in the child's folder. *(See Appendix C for a suggested developmental history and face sheet that gather all required information. If other forms are used they must include the same required information).*
- ☐ 3. Child rearing practices are discussed between staff and parent(s), as needed, to support mutual understanding and consistency.

D. The program provides PARENTING SUPPORT

- ☐ 1. Opportunities are provided for parents to further develop their skills as their child's principal educator.
- ☐ 2. Parent support activities are offered (e.g., child development and parenting workshops; regularly scheduled parent meetings; adult literacy courses, play/support groups, enrichment activities).
- ☐ 3. Staff and parents share partnering ideas for promoting children's healthy development and learning at home.
- ☐ 4. The program is culturally sensitive to children and families.

E. There are opportunities for PARENT PARTICIPATION

- ☐ 1. Parents and other family members are welcomed and encouraged to be involved in the program in various ways (e.g., serving as volunteers, participating on local early childhood council, attending parent meetings, serving on a curriculum development committee; toy lending libraries).
- ☐ 2. The program permits unannounced visits by parents while their child is present.
- ☐ 3. The program has a process for parents to provide input in the development of program policy and programming.

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F. There are mechanisms in place for PARENT/STAFF COMMUNICATION

☐ 1. There is a verbal and/or written system of communication in the parent's preferred language, when reasonable, for sharing information between staff and parents.

☐ 2. Changes in a child's physical or emotional state, special problems or significant developments are brought to the parent's attention as soon as they arise.

☐ 3. Parents are informed about the program through regular means such as newsletters, postings on bulletin boards, frequent notes, telephone calls and other similar measures.

G. There are REPORTS AND CONFERENCES offered to parents

☐ 1. At least twice a year the program develops a written report on the educational and developmental progress of each child to be discussed with parent(s) at a conference, if possible.

☐ 2. Conferences are offered at least every six months, or as requested by parents, to discuss the child's progress at home and at the program.

☐ 3. For children with disabilities, reports are required every 3 months.

☐ 4. Parents are provided with a copy of the progress report and a copy is maintained in the child's folder.

☐ 5. Reports are disseminated only with the written consent of the parent(s).

H. PARENT AUTHORIZATION is obtained

☐ 1. The program obtains a written informed parental consent for each occurrence of the following:

☐ a. making a referral

☐ b. conducting a screening

☐ c. conducting research, experimentation, or allowing unusual treatment involving children. The program does not allow a child to be harmed during research, experimentation or unusual treatment. *(Note: Evaluation or data collection should not identify individual children.)*

☐ d. observation of a child by a person other than parents of children in the program in which there is interaction between the child and the observers or in which an individual child is identified

☐ e. taking special field trips other than those specified on a general list

☐ 2. A general written informed parental consent or authorization is obtained for items listed below. The authorization is signed and dated, and is valid for one year, unless consent is withdrawn in writing prior to that time, for the following:

☐ a. observation of children (by other than parents) as long as there is no interaction between the child and the observers and no identification of the individual child

☐ b. emergency first aid and transportation, information on where to reach parent(s) or alternative in case of emergency, and the name of the child's physician or clinic

☐ c. names of people/programs authorized to take the child from the program or receive the child at the end of the program

☐ d. transportation to/from the program

☐ e. permission to take the child off the premises to a list of specified places, i.e., library, playground, museums

☐ f. any activity unrelated to the direct care of children (e.g., fund raising, publicity, photographs, participation in the mass media)

I. Staff and families work together to provide smooth TRANSITIONS

- ☐ 1. Staff and parents communicate to ensure that children experience smooth transitions from one program to another during the day.
- ☐ 2. When a child is leaving the program during the year for any reason, staff help prepare the child and other children for this event in a developmentally appropriate manner.
- ☐ 3. Parents are provided information and referrals for other services as requested.
- ☐ 4. Sending and receiving programs, with parental permission, communicate to ensure smooth transitions and to participate in the development and review of the child's program plan in cooperation with the local school district, Early Intervention Program and/or other health and service providers.

Area 5: Staff Qualifications and Staff Development

Purpose: Quality education and care are achieved through the recruitment, training, professional development, and retention of well-qualified staff. Opportunities for staff development occur regularly and are based on the needs and interests of the staff. The program will encourage staff to further their education and training. Staff are literate and proficient orally in English.

Use the following checklist of Standards and substandards for Staff Qualifications and Staff Development for your self-assessment.
Note: See section on Accreditation and Evaluation for information on Waivers.

A. There are common REQUIREMENTS FOR ALL STAFF

- ☐ 1. The program ensures that qualified staff are hired for all positions, including support and custodial staff, teacher aides/assistants, teachers, and administrative staff.
- ☐ 2. The program keeps the appropriate registration, certification, or license in the personnel file for all staff.
- ☐ 3. All staff and volunteers adhere to state and/or federal requirements pertaining to Criminal Offender Record Information (CORI) of employees as follows:
  - ☐ a. each person employed by the program who has the potential for unsupervised contact with children has a background free of conduct that bears adversely upon his or her ability to provide for the safety and well being of a child
  - ☐ b. the program determines and maintains documentation to verify whether an employee's or potential employee's conduct, criminal or otherwise, disqualifies that person from employment in the program
  - ☐ c. no employee, prospective employee or volunteer has unsupervised contact with children until after the program has determined that the person's conduct, criminal or otherwise, does not disqualify the person from employment in the program
- ☐ 4. All staff adhere to the following requirements related to **physical exams:**
  - ☐ a. the program maintains documentation regarding any persons for whom immunizations are **not** required (any person who provides documentation that an immunization is medically contra-indicated, or any person who states in writing that immunizations are in conflict with their religious beliefs)
  - ☐ b. all staff provide appropriate evidence of a pre-employment physical examination within one year prior to employment that certifies he/she is free from communicable disease and indicates any physical limitations in working with young children
  - ☐ c. all staff renew their physical examination, which is valid for two years from date of examination, every two years
  - ☐ d. each staff member provides appropriate evidence of immunity to vaccine preventable diseases such as MMR and vaccine preventable diseases in accordance with physician assessment
  - ☐ e. if, in the program's judgment, an employee's physical condition requires a current physical examination, the employee, upon program request, provides documentation of a current physical examination and indication of any physical limitations in working with children
  - ☐ f. all staff, in accordance with Massachusetts school law, receive a TB skin test screening (Mantoux) prior to employment
  - ☐ g. each person with positive reactions to the TB skin test gets a medical evaluation and a chest x-ray

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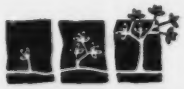

B. The program is in compliance with requirements for a TEACHER

☐ 1. The program abides by the requirements in the teacher qualification standards or regulations pertaining to its program:

☐ a. *In a program operated by a public school:* Effective immediately, a person hired as **Teacher** meets the Department of Education requirements for these positions.

☐ 1) A person **newly hired** as a **Teacher** in a program operated by a public school holds one of four licenses possible in *Early Childhood: Teacher of Students With and Without Disabilities [Pre-K to 2]* from the Department of Education under the Regulations for Educator Licensure and Preparation Program Approval in Massachusetts 603CMR7.00 (Preliminary, Initial, Professional, or Temporary). [*See also Appendix G*]

☐ b. *In programs licensed by the Office of Child Care Services (OCCS),* a person newly hired as **Teacher/Lead Teacher** meets the OCCS requirements for these positions, **plus:**

☐ 1) *Seven years from the effective date of these standards,* all staff **hired into** these positions will be required to hold an Associate's Degree that includes 12 credits in early childhood education **and** a practicum or equivalent work experience in early childhood education. Fourteen years from the effective date of these standards, staff **hired into** these positions will be required to achieve a Bachelor's Degree that includes 18 credits in early childhood education **and** a practicum or equivalent work experience in early childhood education.

☐ 2) a. A person registered as **Teacher** by the Office of Child Care Services *prior to the effective date of these standards* may remain qualified but cannot assume administrative responsibility unless the requirements of B1b.1 are met.

☐ b. A person registered as **Lead Teacher** by the Office of Child Care Services *prior to the effective date of these standards* remains qualified for this position and need not seek the requirements of b.1.

Note: A process for programs that wish to seek a waiver or variance for any standard is outlined in the section on Accreditation and Evaluation. The Department of Education in conjunction with the Office of Child Care Services may determine alternative avenues to achieve these qualification levels.

C. The program is in compliance with the requirements for ASSISTANT TEACHER/TEACHER AIDE/PARAPROFESSIONAL
(These requirements do not apply to parents volunteering in the program.)

☐ 1. The assistant teacher/teacher aide/paraprofessional is at least 18 years old **and** has a high school diploma.

☐ 2. Within 1 year, the assistant teacher/teacher aide is required to complete a 3-credit college level course in child growth and development. In the alternative, a Child Development Associate (CDA) Credential may be accepted.

☐ 3. After one year classroom teaching experience and successful completion of a 3-credit college level course in child growth and development, the assistant teacher/teacher aide may be responsible to work alone with children as required.

☐ 4. Paraprofessionals who provide instructional support in Title I targeted assistance or school-wide programs must:

☐ a. hold a high school diploma and

☐ b. hold an Associate's (or higher) degree; complete at least two years (or 48 credit hours) of study at an institution of higher education; **or** take and pass a formal state or local assessment that measures one's knowledge of and ability to assist classroom teachers in reading, writing, and mathematics

Note: Instructional paraprofessionals in Title I programs hired before January 8, 2002 have until January 8, 2006 to meet the requirements. In targeted assistance programs, only instructional paraprofessionals who are paid with Title I funds are required to meet requirements. In school-wide programs, all instructional paraprofessionals, regardless of how the positions are funded, are required to meet the standards above.

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D. The program is in compliance with the requirements for ENTRY LEVEL TEACHER AIDES

☐ 1. The entry-level teacher aide is at least 16 years old.

☐ 2. The entry-level teacher aide works under the direct supervision of the teacher at all times.

E. The program is in compliance with requirements for VOLUNTEERS and STUDENT INTERNS

☐ 1. Volunteers and student interns shall be chosen for their ability to meet the needs of the children in care and shall be provided with appropriate orientation, training, supervision, and staff development.

☐ 2. Volunteers and student interns who have the potential for unsupervised contact with children shall have a background free of conduct that bears adversely upon his/her ability to provide for the safety and well being of children, verifiable through documentation of compliance with CORI requirements under 102 CMR 1.05 (2). There is one documented reference check for each volunteer.

☐ 3. No person, parent or otherwise, shall have unmonitored contact with children without a CORI verification.

☐ 4. Student interns/volunteers under the age of 17 **do not** have unmonitored contact with children at any time.

☐ 5. The program has a written description of any arrangements with a school or college, including a description of student responsibilities and supervision of students by the school/college/training program and the program in which that student is placed.

F. The program is in compliance with requirements for the Early Childhood Coordinator/Program Director *(and any other applicable titles for the individual serving as program administrator)*

☐ 1. The Early Childhood Coordinator (in public school programs) or Program Director (in OCCS-licensed programs) meets or exceeds the qualifications of its agency for Teacher (B1a or B1b as applicable) **and**

☐ a. has a minimum of one year classroom teaching experience **and**

☐ b. has successfully completed a 3-credit course in program administration **and**

☐ c. has successfully completed at least one additional course (minimum 2-credits or 3 CEUs) in a topic related to program administration such as working with family and community groups; advanced administrative skills; staff supervision; financial and legal aspects of administration.

☐ 2. In OCCS licensed programs, a person registered as Director I or Director II *prior to the effective date of these standards* may remain qualified for these positions.

Note: The program may add **additional qualifications** *such as course work and experience in order to encourage professionalization and high standards. Depending upon the responsibilities of this position within the public school district additional licensing issued by the Department of Education may be required.*

G. The program is in compliance with requirements for the HEALTH CARE CONSULTANT

☐ 1. The program has access to a health care consultant who approves and assists in the development of the health care policy (*see Appendix D*), approves the plan for first aid training for staff, participates in development of nutritional policies, and is available for consultations.

☐ 2. The Health Care Consultant is **either:**

☐ a. a Massachusetts licensed physician **or**

☐ b. a registered nurse, such as a public health nurse or a school nurse **or**

☐ c. a licensed nurse practitioner **or**

☐ d. physician's assistant with pediatric or family health training and/or experience.

H. There are opportunities for STAFF DEVELOPMENT

☐ 1. The program encourages staff to continue their education to gain knowledge, skills and experience in their appropriate field to enhance the quality of care and education.

☐ a. the program has a written plan for staff training and documents staff participation

☐ b. the program provides or makes available a minimum of 20 hours per calendar year of ongoing staff development for staff to improve their skills in working with young children and their families

☐ c. staff development programs are responsive to the needs of the staff

☐ d. staff development programs include a variety of experiences such as classroom observations, individual consultations, group workshops, visits to other programs, and attendance at conferences

☐ e. at least 25% of training time is dedicated to inclusion of children with disabilities

☐ f. staff development topics covered may include but not be limited to topics such as health and safety, child growth and development, use of the Guidelines for Preschool Learning Experiences for curriculum planning, early language and literacy development, child guidance and behavior management techniques, community collaboration, communication/ relations with families, working with culturally and/or linguistically diverse children/families, detecting and reporting child abuse and neglect, advocacy for early childhood programs and the profession, the profession's code of ethical conduct

☐ g. documentation of the required professional development is kept on file at the program site

☐ h. the program collaborates with other early childhood programs in the community and the school system

I. The program has a process for STAFF ORIENTATION

☐ 1. The program provides orientation for all new employees. No new employee supervises staff or is solely responsible for children in care until s/he has received the minimum orientation described below. The written plan for staff orientation includes the following:

☐ a. name and position of the staff person responsible for conducting the orientation

☐ b. schedule and number of hours of the orientation

☐ c. content of the orientation includes, but is not limited to, a review of the following: job description; personnel policy; statement of purpose; statement of non-discrimination; review of these and other applicable program standards; health care policy; information contained in the children's records along with confidentiality policy; behavior management plan; termination and suspension policy; program plans; referral procedures; transportation plans, and procedures for parent visits, input, conferences, and communication

J. The program provides STAFF SUPERVISION/EVALUATION

☐ 1. The program has a written plan for regular, ongoing supervision of all staff, as appropriate to their positions.

☐ 2. The supervision plan includes observation by and a conference with at least a lead teacher qualified person/mentor teacher at least every two months.

☐ 3. The program conducts at least an annual written evaluation of the performance of each staff member.

☐ 4. Each staff member has the opportunity to participate in the evaluation, read the completed evaluation, comment upon it in writing, and sign it.

☐ 5. Copies of staff evaluations are maintained in personnel files.

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Area 6: Group Ratio and Size

Purpose: The program will have the number of staff necessary to ensure adequate group supervision at all times and to provide individual attention to children and to promote their physical, social, emotional, and cognitive development.

Formula to calculate group size and ratio:

1. The proportion of children on Individual Education Programs (IEPs) must be **less than** 50% of the total group size.
2. Regardless of group size, a minimum of 2 staff are required at all times.
3. Specialists who are providing therapies or services for individual children with disabilities as outlined on the Individualized Educational Program are **in addition to** staff ratio requirements.

Chart 2: Group Size and Ratios

Group Size	Maximum # of Children on IEPs	Minimum # of Staff
up to 12	less than 50%	2
13-14	6	2
15	7	2
16-20	5	2

(For classes over 15 children the maximum number of children on IEPs is 5. This is because the larger group size, the fewer children on IEPs can be served effectively.)

Use the following checklist of Standards for Group Ratio and Size for your self-assessment.

A. The Program meets or exceeds the requirements for staffing and group size

☐ 1. The program complies with **Chart 2**, describing the maximum group size and number of children on IEPs who may be included, along with minimum number of staff for that group size. These numbers are consistent with both NAEYC accreditation criteria and Massachusetts Special Education Regulations.

Note: The column indicating ***maximum*** *numbers of children on IEPs should not be interpreted as* ***recommended*** *numbers; an inclusive program may be defined as a group that includes* ***one*** *child on an IEP in a group with peers.*

B. The program maintains at least minimum STAFF/CHILD RATIOS

☐ 1. Children are supervised at all times.

☐ 2. There is a written staff schedule, which is kept current, listing person(s) on duty.

☐ 3. There are, at a minimum, two adults trained in the program's health care and emergency procedures on the premises at all times.

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(B. Continued . . . The program maintains at least minimum STAFF/CHILD RATIOS)

☐ 4. Staff child ratios are maintained at all times to ensure the health, safety, and appropriate growth and development of each child as follows:

☐ a. each group of children has a teacher assigned to it and, if applicable based upon the number of children in the group, a teacher aide/assistant who meets the staff qualification requirements (refer to section on Staff Qualifications and Staff Development)

☐ b. the ratios are planned to meet the needs of all children including children with special education needs *(see chart for standards for group ratio and size)*

☐ c. only those persons (including substitutes) hired or assigned to supervise or teach children for specific hours of the day are calculated in staff/child ratios

☐ d. paid or volunteer staff under the age of 16 are not assigned to meet required staff/child ratios

☐ e. teacher aides/assistants, student interns or parents who do not meet the qualifications for a teacher are not assigned to a group that does not also have a teacher assigned to it

☐ f. student interns and volunteers, other than parents of children in the program, are not included in staff/child ratios unless they are assigned to the program for at least three consecutive months

C. The program adheres to minimum standards for group SIZE AND RATIO

☐ 1. The number of children in a group is limited to facilitate child-adult interaction and constructive activity among children.

☐ 2. Each child is in a relatively permanent group.

☐ 3. Each group has a teacher who has primary responsibility for and develops an attachment to an identified group of children.

☐ 4. Every attempt is made to have continuity of adults who work with children.

☐ 5. The group size determination considers many factors such as facilitating the inclusion of young children with disabilities and keeping the best interests of children in mind.

☐ 6. The group size does not exceed 20 children.

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Area 7: Health and Safety

Purpose: The program will be operated in a manner that enhances the health and safety of children, protects them from abuse and neglect, and educates staff, children and families concerning health and safety practices.

Use the following checklist of Standards and substandards for Health and Safety for your self-assessment.

A. Health Care CONSULTANT

☐ 1. The program designates a Massachusetts licensed physician, registered nurse, nurse practitioner or physician's assistant with pediatric or family health training and/or experience, as the program's health care consultant.

☐ 2. The consultant assists in the development of the program's health care policy, approves the policy initially and upon renewal of license or at least every other year, and approves any changes in the policy.

☐ 3. The health care consultant approves the first aid training for staff and is available for consultation and training as needed, including, but not limited to, answering questions, inspecting injury reports, and inspecting classrooms.

B. Health Care POLICY

☐ 1. A written health care policy is provided to each staff member and to families.

☐ 2. Each staff member is trained in, and parent(s) are oriented to, the health care policy.

☐ 3. Each staff member is trained in the program's infection control procedures and implementation of policy during staff orientation (*see Appendix D, Health Care Policy Requirements, I. Infection Control*).

☐ 4. The health care policy is approved by the health care consultant.

☐ 5. The policy ensures that all appropriate actions will be taken to ensure that health requirements of children with disabilities are met.

☐ 6. The written health care policy includes, but is not limited to, plans and/or procedures for the following:

☐ a. posting of telephone numbers for use in emergency - at least one non-coin-operated telephone on the premises of the program with the following numbers posted in clear view: program's address and telephone number, health care consultant, fire department, police, ambulance, nearest emergency health care facility, Poison Control Center

☐ b. using and maintaining first aid equipment

☐ c. meeting individual children's specific health care needs, including identifying children's allergies and protecting children from exposure to foods, chemicals, or other materials to which they are allergic (An individual plan is developed in consultation with medical personnel)

☐ d. the granting of exceptions in instances where such health practices are against the religious beliefs of the family or are medically contraindicated

☐ e. care of mildly ill children that includes, but is not limited to, meeting individual needs for food, rest, play materials, provision of a quiet area, comfort and appropriate indoor activity (*see F. Plan for Sick Child and Staff Attendance below*)

☐ f. plan for reporting of injuries *(see G. Child Injury Reporting/Injury Prevention Plan below)*

☐ g. plan for prevention of injuries *(see G. Child Injury Reporting/Injury Prevention Plan below)*

☐ h. procedures for reporting abuse and/or neglect *(see H. Child Abuse/Neglect below)*

☐ i. plan for prevention and management of the spread of infectious diseases including notification procedures *(see J. Plan for Management of Infectious Diseases below and Appendix Infection Control)*

☐ j. medical emergency procedures including plans to be followed on field trips. An emergency kit is provided for field trips. The emergency kit includes first aid materials, a copy of medical emergency procedures, a list of emergency numbers, insurance information and other pertinent information regarding the health and safety of children *(see K. Medical Emergency/Evacuation Plan below)*

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(B.6. continued... Health Care Policy)

- ☐ k. medical emergency procedures including plans to be followed on field trips. An emergency kit is provided for field trips. The emergency kit includes first aid materials, a copy of medical emergency procedures, a list of emergency numbers, insurance information and other pertinent information regarding the health and safety of children (*see K. Medical Emergency/Evacuation Plan below*)
- ☐ l. plan for dispensing prescription and non-prescription medication, including the recording of administration of both prescription and non-prescription medication (*see Q. Plan for Dispensing Prescription and Non-Prescription Medication below*). Additionally, 105 CMR 210.000, The Administration of Prescription Medication in Public and Private Schools, provides information on such issues as responsibilities of the school nurse and record keeping
- ☐ m. plan for informing substitute teachers of children's individual health needs, allergies, etc.

C. STAFF Physical Examination *(See Area 5.A.4 on Staff Qualifications.)*

D. CHILD Health Records *(Refer to Appendix D, Health Care Requirements, III. Sample Medication Log.)*

- ☐ 1. A written health record is maintained for each child as part of the child's individual record.
- ☐ 2. Medical records of all children and staff are considered confidential.
- ☐ 3. Staff are informed of allergies and other essential health information for individual children.
- ☐ 4. Written health records are current.
- ☐ 5. Children receive the necessary immunizations as required by the Massachusetts Department of Public Health.
- ☐ 6. Children are admitted to the program only if an immunization record has been submitted prior to admission AND a written physician's statement is submitted within 30 days after admission indicating that the child has had a complete physical examination within one year prior to admission and then annually, or obtains written verification from the child's parent(s) that they object to such an examination on the ground that it conflict with their religious beliefs.
- ☐ 7. Written documentation is included in the child's record when immunization is medically contraindicated or is in conflict with religious beliefs.
- ☐ 8. Individual child health records include, but are not limited to, the following:
  - ☐ a. the results of a complete health evaluation by a physician within one year prior to each year's enrollment or obtained within one month of initial admission
  - ☐ b. record of immunizations or current religious or medical exemption
  - ☐ c. pertinent health history (such as allergies or chronic conditions)
  - ☐ d. log of medications administered, injury reports, staff health observations
  - ☐ e. vision, hearing, developmental, and dental screening results and health-related referrals
  - ☐ f. results of lead poisoning screening (in accordance with Department of Public Health guidelines)
  - ☐ g. insurance information

E. Health SCREENING

☐ 1. The program takes measures to ensure that each child has access to vision, hearing, developmental, and dental screenings, including referrals to no cost/low cost screening and health care as needed.

☐ 2. The program has a written plan describing procedures for referring parents to appropriate social, mental health, educational, and medical services including but not limited to dental check up, vision, or hearing screening for their child should the program staff feel that an assessment for such additional services would benefit the child.

☐ 3. If the program conducts the screening, the program ensures that parental permission is obtained.

☐ 4. If the program conducts the screening, it is performed by qualified personnel, and results are communicated to parents in writing or orally.

☐ 5. If the program conducts the screening, results of the screening are included in the child's health file.

F. Plan for care of SICK CHILD and STAFF *(Refer to Appendix D, Health Care Policy Requirements, IV. Criteria for excluding an ill or infected child from an early childhood program.)*

☐ 1. The program has a written plan for the care of mildly ill children, including but not limited to meeting individual needs for food, drink, rest, play materials, comfort, and appropriate indoor activity.

☐ 2. The policy includes special precautions the program will require for the following types of infectious diseases: gastro-intestinal, respiratory and skin or direct contact infections; criteria regarding signs or symptoms of illness which will determine whether a child would be included or excluded from the program, and policies for dealing with a child who manifests any of the symptoms requiring exclusion as specified in 102 CMR 7.05(5)(b)2 until the child can be taken home or suitably cared for elsewhere, or the child has been evaluated by a physician, physician's assistant or nurse practitioner and is considered to pose no serious health risk to him/herself or to other children.

☐ 3. The program follows exclusion policies for serious illnesses, contagious diseases and reportable diseases in conformance with regulations and recommendations set by the Division of Communicable Disease Control, Department of Public Health (DPH). Procedures include notification of all parents in accordance with the DPH recommendations when any communicable disease, such as measles or salmonella, has been introduced into the program, and policies for when children who have been excluded from the program may return.

☐ 4. Staff members who become ill with contagious diseases are excused from contact with children as quickly as possible.

☐ 5. Staff who are assigned to care for mildly ill children in a separate space or room at least meet OCCS teacher qualifications and have training in the following areas:

☐ a. general practices and procedures for the care and comforting of ill children

☐ b. recognition and documentation of symptoms of illness

☐ c. taking children's temperature

G. CHILD INJURY Reporting/Injury Prevention Plan

☐ 1. The program has a plan for prevention of injuries that includes the following:

☐ a. the environment is monitored daily to immediately remove or repair any hazard that may cause injury

☐ b. there are procedures for injury prevention and management of medical emergencies during field trips. The program ensures that a first aid kit and list of emergency numbers for the children are available on any field trip

☐ c. steps to take when problems occur that require rapid response on the part of staff (e.g., if a child chokes during mealtime)

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(G.1. continued... CHILD INJURY Reporting/Injury Prevention Plan)

- ☐ d. all toxic substances, poisonous plants, medications, sharp objects, and other hazardous objects are stored in a secure place and out of the reach of children
- ☐ e. all containers are labeled with contents especially when not in their original containers in order to facilitate contacting the Poison Control Center

☐ 2. The program has a procedure for reporting of injuries:

- ☐ a. individual medical problems and injuries are recorded and reported to staff and parents
- ☐ b. parents are informed immediately of any injury or illness that requires medical attention other than minor first aid
- ☐ c. parents are informed in writing of any first aid administered to their child as soon as possible but within 24 hours
- ☐ d. program maintains centralized logs of injuries and other health and safety concerns and periodically monitors the safety record of the program

☐ 3. At least one non-coin-operated telephone is available on the premises for the use of the program.

☐ 4. Injury log includes name of child; date, time, and location of each accident or injury; description of injury and how it occurred; name(s) of witness(es); name(s) of person(s) who administered first aid or medical care, and first aid or medical care required.

☐ 5. Injury log is maintained in a central place and in the individual child's file.

H. Child ABUSE/NEGLECT

☐ 1. Children are protected from abuse or neglect while in the care or custody of the program.

☐ 2. Written procedures are developed and maintained for handling any suspected incident of child abuse or neglect.

☐ 3. The program has written procedures for protecting children against abuse and neglect as follows:

- ☐ a. The program provides each staff member with a written statement clearly defining child abuse and neglect
- ☐ b. As mandated reporters, all staff receive training regarding policies, procedures, and staff's legal and professional responsibilities about reporting suspected child abuse/neglect

☐ 4. In an OCCS licensed program, any suspected incidents of child abuse and/or neglect are reported, as required by M.G.L. c.119, 51A either to Department of Social Services or to the program administrator or designee, who immediately reports suspected abuse or neglect to the Department of Social Services. The program administrator or designee notifies the Office of Child Care Services immediately after filing a 51A report, or learning that a 51A report has been filed, alleging abuse or neglect of a child while in the care of the program or during a program related activity.

☐ 5. In programs run by the public schools, any suspected incidents of child abuse or neglect while in the care of the program or during a program-related activity, the administrator or designee notifies the Department of Education and the superintendent of schools, in addition to Department of Social Services immediately after filing a 51A report, or learning that a 51A report has been filed, alleging abuse or neglect of a child.

☐ 6. Written procedures are in place for removing any staff member from working directly with children if the 51A report is supported.

☐ 7. The program cooperates in investigations of abuse or neglect, including identifying parents of children currently or previously enrolled in program, providing consent for disclosure of information to any person and/or agency/office as necessary for investigation of the allegation and for the protection of children.

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I. FIRST AID Training

☐ 1. Administrators and all staff who work with children are certified in approved **first aid** and **pediatric cardiopulmonary resuscitation** (CPR) procedures.

☐ a. newly hired staff obtain basic first aid certification within six months of employment

☐ b. at least one staff member who has current certification in basic first aid treatment and pediatric CPR is available at all times, whenever children are present, including on field trips

☐ c. first aid and CPR training is reviewed and approved by health care consultant to determine that training is appropriate to the program

☐ d. training in pediatric CPR and first aid are updated and renewed as required

☐ e. current first aid and CPR training certificates are kept on file

J. Plan for Management of INFECTIOUS DISEASES *(Refer to Appendix D, Health Care Policy Requirements, IV. Criteria for excluding an ill or infected child from an early childhood program.)*

☐ 1. The program with the assistance of the health care consultant develops a comprehensive written plan for management of infectious diseases.

☐ 2. The plan includes the implementation and monitoring of compliance with the infection control procedures.

☐ 3. All staff are trained in the infection control procedures.

☐ 4. The plan for management of infectious diseases includes the following:

☐ a. criteria for signs or symptoms of illness that would determine whether a person should be included or excluded

☐ b. policies for a child who is admitted to center and exhibits symptoms requiring exclusion until he/she can be taken home or suitably cared for elsewhere; or until child has been evaluated by a physician, physician's assistant, or nurse practitioner and is considered to pose no serious health risk to self or other children

☐ c. policies for when children (or staff) who have been excluded from program may return (which may be based on current recommendations by the Division of Maternal, Child, and Family Health or Bureau of Communicable Disease Control of the Massachusetts Department of Public Health)

☐ d. procedures for notifying parents when any communicable disease, such as measles or salmonella, has been introduced into the program

☐ e. policies regarding the care of mildly ill children including special precautions the program will require for the following types of infectious diseases: gastro-intestinal, respiratory and skin or direct contact infections

☐ f. staff, consultants, or volunteers with communicable diseases do not have contact with children

K. Medical EMERGENCY/EVACUATION Plan

☐ 1. Plans exist for medical emergencies and for evacuation procedures.

☐ 2. Medical emergency plan and evacuation plans are posted in clear view for staff and visitors and medical emergency plan is included in the emergency kit for field trips.

☐ 3. The emergency telephone numbers are posted near all telephones used for making emergency calls.

☐ 4. Parental consent is obtained in writing and dated concerning emergency first aid and transportation.

(K. continued... Medical EMERGENCY/EVACUATION Plan)

☐ 5. The medical emergency plan includes, but is not limited to the following:

☐ a. name, address, and telephone number of the health care consultant, physician, or registered nurse available for emergencies and consultation

☐ b. telephone number of the emergency medical service, fire department, police station, Poison Control Center, and ambulance service serving the program

☐ c. name and telephone number of any hospital where children will be taken in emergencies

☐ d. contingency plans and procedures to deal with fire, natural disasters, loss of power, heat, or water, illness or other emergencies, including transportation methods and notification of parent(s)

☐ e. procedures to be followed in case of illness or emergency when parent(s) cannot be reached

☐ f. emergency procedures for treatment of ingestion of poisonous substances, including contacting the Poison Control Center

☐ g. plan for dealing with medical emergencies that includes a source of emergency care, written parental consent forms, insurance information, and transportation agreements

☐ h. plan for a chain of decision-making

☐ i. plan for accessing emergency medical services

☐ j. up-to-date family contact information, written and dated authorization for emergency care, and insurance information for each child, as well as staff members, are readily available and accompany the children any time they leave the facility in the care of staff.

☐ k. adequate first aid supplies/instructions are readily available to each classroom and for field trips but are stored out of children's reach

☐ 6. First aid supplies are adequate in variety and quantity and do not have outdated expiration dates.

☐ a. the first aid policy is included in the first aid kit

☐ b. the first aid supply kit includes, but is not limited to: adhesive tape, Band-Aids, bandage compress, gauze pads, gauze roller bandage, disposable gloves, instant cold pack, syrup of ipecac, water, scissors, tweezers, and thermometer

☐ 7. The evacuation plan includes, but is not limited to, the following:

☐ a. specific procedure to be followed to evacuate the program in the event of fire or other emergency

☐ b. specific procedures for evacuating infants, toddlers, and children who may need additional assistance during evacuation

☐ c. if cribs are utilized for evacuation, they are of adequate construction to meet this purpose, easily movable and of a size to fit through exit doors to the outside

☐ d. evacuation drills are conducted with all staff and all groups of children at least every other month, at different times of the program day, and date, time, and effectiveness of the drill are documented

☐ e. all staff are familiar with primary and secondary evacuation routes

☐ f. evacuation drills are held at different times of the program day, and date, time, and effectiveness of drill are documented

☐ g. emergency and evacuation procedures are posted next to each exit

☐ h. all staff are familiar with emergency procedures such as operation of fire extinguishers and procedures for severe storm warnings

☐ i. smoke or heat detectors and fire extinguishers are periodically checked

☐ 8. The disaster plan includes, but is not limited to specific contingency plans and procedures to deal with fire, natural disasters, and loss of power, heat, or water

L. Children's CLOTHING

- ☐ 1. Children are dressed appropriately for indoor and outdoor activities.
- ☐ 2. Children's clothing is checked for potential accident hazards when using play equipment (e.g., loose laces or drawstrings that could cause strangulation if caught or entangled).
- ☐ 3. A supply of clean dry indoor and outdoor clothing is available.

M. CLEANING *(See Appendix D, Health Care Policy Requirements, I. Infection Control for information related to hand washing and disinfectant solutions.)*

- ☐ 1. The facility is cleaned daily according to schedule and in the manner listed under Infection Control.
- ☐ 2. All cleaning supplies and disinfectants are stored in a secure place and out of reach of children.
- ☐ 3. Trash is removed daily.
- ☐ 4. Stuffed animals, pillows or stuffed fabric toys are used only if machine washable and cleaned monthly.
- ☐ 5. Bottles, utensils, and dishes are properly washed and sanitized (*see Appendix D*).

N. PERSONAL HYGIENE of Staff/Children *(See Appendix D, Health Care Policy Requirements, I. Infection Control for more information.)*

- ☐ 1. All staff are trained in infection control procedures.
  - ☐ a. staff educate children about as well as promote hand washing procedures and universal precautions, including hand washing
  - ☐ b. disposable washcloths or individual, labeled washcloths are used to wash children's faces
  - ☐ c. if individual washcloths are used, they are stored open to air, not touching each other
- ☐ 2. Bodily fluids and accompanying tools are cleaned and disinfected immediately.
  - ☐ a. staff wear nonporous (e.g., latex) gloves when they are in contact with bodily fluids such as blood, stool, urine, and fluids from the eyes, nose, throat, and skin
  - ☐ b. bloody clothing is sealed in a plastic container or bag, labeled with the child's name, and returned to the parent at the end of the day
  - ☐ c. used gloves and blood-contaminated materials are thrown away in a lined, covered container
  - ☐ d. staff wash their hands thoroughly with soap and water after cleaning up the area
- ☐ 3. If children are encouraged to brush their teeth while at the program, the program uses individual, labeled toothbrushes and stores them open to air without touching each other.

O. DIAPERING/TOILETING Procedures *(See Appendix D, Health Care Policy Requirements, II. Sanitation and Hygiene Procedures for Diapering and Toileting.)*

- ☐ 1. Accomplishment of toilet training is **not** an eligibility requirement for entrance to a program.
- ☐ 2. Diapering, toilet training, and toileting are done in a sanitary and appropriate manner considering the physical and emotional needs of the child.
- ☐ 3. Parent requests are taken into consideration.
- ☐ 4. Sanitation and hygiene procedures are posted for diapering and toileting.

P. BEDDING

☐ 1. Requirements for bedding apply only to programs in which children are present for more than four hours.

☐ 2. Individually labeled bedding is washed monthly or more frequently as needed and is used by only one child between washings.

☐ 3. Individually labeled cots/mats are washed and disinfected at least monthly or when soiled.

☐ 4. Soiled items are sealed in a plastic bag labeled with the child's name and sent home for laundering.

☐ 5. Bedding is stored separately in order to prevent the spread of communicable diseases.

Q. Plan for Dispensing Prescription and Non-Prescription MEDICATION

☐ 1. Parents are provided with the program's policy on administering prescription and non-prescription medication prior to admission.

☐ 2. Programs establish and maintain written procedures regarding administering, handling, and storing of medication for every child that include the following:

☐ a. all medications, including those required for staff and volunteers, are stored in labeled original containers, with the individual's name, the name of the drug and the directions for its administration and storage, and safely in a secure place, out of the reach of children and under proper conditions for sanitation, preservation, security, and safety

☐ b. a trained, consistent staff member (with an alternate in case of absence) or school nurse is designated to administer, handle, and store child medications

☐ c. the person administering the medication reads the child's name aloud from the label before administering

☐ d. the program does not administer prescription or non-prescription medication to a child without written parental authorization that indicates the medication is for the specified child

☐ e. the program does not administer prescription medication to a child without a written order from a physician, which may include the label on the medication indicating that the medicine is for the specific child with dosage, number of times per day, and number of days the medication is to be administered

☐ f. the program does not administer non-prescription medication without a written order from a physician

☐ g. the physician may give a standing order (considered valid for no more than a year from the date it was signed) for non-prescription medication listing the medication(s), dosage, and criteria for administration

☐ h. for non-prescription medications, the program may accept as the written parental authorization (valid for no more than one year from the date it was signed), a signed statement authorizing the program to administer non-prescription medication in accordance with the written order of the physician

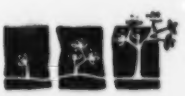
☐ i. if the program accepts a signed statement from the parent, an attempt will be made to contact the parent before the medication is administered, unless a child needs medication urgently or when contacting the parent will delay appropriate care unreasonably. The parent is notified in writing each time a non-prescription medication is administered to a child (This does not apply to topical non-prescription medications that are not applied to open wounds, rashes, or broken skin)

☐ j. the program may accept a written parent authorization (valid for no more than a year from the date it was signed) for specific non-prescription topical medications to be administered and the criteria for administration

☐ k. topical non-prescription medications such as petroleum jelly, diaper rash ointments, anti-bacterial ointments applied to wounds, rashes, or broken skin, must be stored in the original container, labeled with the child's name, and used only for an individual child

☐ l. topical medications such as sunscreen, bug spray, and other ointments that are not applied to open wounds, rashes, or broken skin may be generally administered to children with written parental authorization

☐ m. an individual record is maintained of administration of any medications, both prescription and non-prescription, including time and date of each administration, dosage, and name of staff member administering medication



(Q. 2. continued... Plan for Dispensing Prescription and Non-Prescription MEDICATION)

- ☐ n. the individual record includes recording of changes in a child's behavior that have implications for drug dosage or type
- ☐ o. the record is reviewed regularly with the child's parents, and information is shared on behavior changes with staff and physicians
- ☐ p. appropriate staff members are trained in proper techniques for administering, handling and storing medication, awareness in common side effects of certain medications, and use of any necessary equipment to administer medication
- ☐ q. when no longer needed, the medicine is returned to parents or destroyed

R. PETS

- ☐ 1. Before introducing a pet to the program, staff consider effect on children's health and safety (e.g., allergies).
- ☐ 2. If pets are kept at the center, pets are selected that are developmentally appropriate for the children in care.
- ☐ 3. If pets are kept at the center, the program assures that:
  - ☐ a. pets are kept in a safe and sanitary manner
  - ☐ b. animals, regardless of ownership, are free from disease and licensed and/or vaccinated as prescribed by law
  - ☐ c. children are not allowed to take part in the cleaning of animal(s)' cage(s)
  - ☐ d. staff and children wash hands after handling pets and their equipment

Area 8: Nutrition and Food Service

Purpose: Children are provided with experiences that promote adequate nutrition and good eating habits. Food and beverages are stored, prepared, and served in a manner that ensures that it is free from spoilage and safe for human consumption.

Use the following checklist of Standards and substandards for Nutrition and Food Service for your self-assessment.

A. Meals reflect a NUTRITIONALLY BALANCED diet *(See Appendix E for information on preventing choking.)*

- ☐ 1. Regular, nutritional mid-morning or mid-afternoon snacks are provided *for children in care for less than four hours* (these may be provided by parents).
- ☐ 2. Regularly scheduled meals, in addition to snacks, are provided *for children who attend the program between four and nine hours.*
- ☐ 3. *For children who attend the program over nine hours,* two meals and two snacks are provided.
- ☐ 4. When parents provide meals and/or snacks, they are given a written list of nutritious foods.
- ☐ 5. The program provides a nutritious meal or snack to a child whose parents fail to send food or if the child has not had breakfast.
- ☐ 6. A variety of food is served that broadens each child's food experiences.
- ☐ 7. Foods high in fat, sugar, and salt are used sparingly.
- ☐ 8. Written menu information, including snacks, is provided to parents, posted weekly, and kept on file.

B. Food service meets children's INDIVIDUAL NEEDS

- ☐ 1. Staff are informed in writing of any special dietary and feeding needs and/or food allergies of individual children and make adaptations or arrangements necessary to meet those needs.
- ☐ 2. Food allergy information is posted in eating areas.
- ☐ 3. Children with special diets, vitamin supplements, or food allergies are fed in accordance with parental or physician orders.
- ☐ 4. Children are supervised during meals and snacks and are discouraged from sharing foods.
- ☐ 5. Staff are made aware of the choking potential of foods such as whole grapes, corn, peas, hot dogs, peanuts, nuts, and hard raw vegetables (*see Appendix E for guidelines on preventing choking*).
- ☐ 6. Any food services program conforms to the National School Lunch Program regulations.
- ☐ 7. Meals and/or snacks are planned to meet the child's nutritional requirements as recommended by the Child Care Food Program of the United States Department of Agriculture.

C. Food is served in a positive, relaxed and social ATMOSPHERE

- ☐ 1. Sufficient time is allowed for each child to eat at a reasonable, leisurely rate.
- ☐ 2. As developmentally appropriate, opportunities are provided for children to be involved in activities related to the preparation and serving of meals.
- ☐ 3. Food is not used as a reward or punishment.
- ☐ 4. Children are not forced to finish all their food.
- ☐ 5. No child is denied a meal for any reason other than written medical direction.
- ☐ 6. Children are encouraged without coercing or negative consequences to eat a well-balanced diet.
- ☐ 7. Meal and snack times are social and provide learning experiences for children.
- ☐ 8. Children along with staff and volunteers are encouraged to eat together and serve themselves when possible.
- ☐ 9. Alternative activities are planned for children who have completed their snack/meal.

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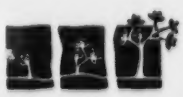

D. Food is STORED and SERVED safely

- ☐ 1. Food is stored in clean covered containers.
- ☐ 2. Refrigeration and storage is provided at not less than 32° F or more than 45° F for food requiring refrigeration.
- ☐ 3. Frozen foods are stored at 0° F or below.
- ☐ 4. Hot foods that could be contaminated are kept at 140° F or above.
- ☐ 5. Food brought from home is stored appropriately until consumed.
- ☐ 6. Tables or high chair trays used by the children are washed and disinfected before and after each meal/snack.
- ☐ 7. Non-disposable dishes, bottles, drinking and eating utensils are thorough properly washed and sanitized before reuse.
- ☐ 8. If plastic dinnerware is used it is heavy duty and dishwasher proof.
- ☐ 9. All unfinished food products are disposed of properly.
- ☐ 10. All garbage containers used in the kitchen are emptied and cleaned daily and are maintained in a sanitary condition.

E. Food is properly PREPARED

- ☐ 1. If meals are prepared onsite, programs have a Food Service permit or evidence of inspection from the local health department.
- ☐ 2. If meals are prepared off-site, the food is prepared at an approved facility and transported to the program in appropriate sanitary containers and at appropriate temperatures.
- ☐ 3. The program demonstrates compliance with the Department of Public Health Sanitation Regulations (105 CMR 590.000 Article X Minimum Sanitation Standards for Food Establishments).

F. Sanitary DRINKING WATER is available

- ☐ 1. There is a source of sanitary drinking water conveniently accessible and readily available to both children and staff throughout the day.
- ☐ 2. The program provides evidence that any private well or water source has been inspected and approved by the local board of health, health department, or private laboratory and is retested upon renewal of license or at least every other year.

Area 9: Transportation

Purpose: When provided, transportation will be safe and efficient.

Use the following checklist of Standards and substandards for Transportation for your self-assessment.

A. Transportation PLAN

- ☐ 1. The program has a written plan for the transportation of children that includes transportation to and from the program, including children who walk, where applicable; in an emergency, and on field trips.
- ☐ 2. The plan identifies how transportation is provided and who is responsible for the supervision of children prior to their arrival at the program.
- ☐ 3. A copy of the plan is given to staff, drivers, and to parents in the native language whenever possible.
- ☐ 4. The written plan includes the following:
  - ☐ a. emergency transportation procedures
  - ☐ b. eligibility requirements for the program's transportation
  - ☐ c. transportation procedures on field trips (*see Appendix G, Program Driver Handbook for more information related to field trips*)
  - ☐ d. backup plan for transportation in the event of an emergency or when the designated driver is not available
  - ☐ e. transportation to and from the program, including transportation to other programs/homes (including accompanying children who walk
  - ☐ f. procedures for meeting the provisions of B.2 (Transportation Safety)

B. Transportation SAFETY *(See Appendix G, Program Driver Handbook, for additional guidance to individuals involved in transporting children.)*

- ☐ 1. The program has policies to inform parents about transportation safety.
- ☐ 2. All drivers are trained in the transportation plan.
- ☐ 3. The following information must be on file at the program or transportation company; a copy of registration of vehicle; copy of license of driver; copy of current insurance certificate; CORI of driver; and signed authorization by owner if owner and driver are not the same.
- ☐ 4. The driver and the attendant are informed, with parental consent and in writing, of any needs or problems that may cause a child difficulty while being transported (e.g., seizures, motion sickness, and special needs), including but not limited to any medical or behavioral problems.
- ☐ 5. Children are released by the driver only to designated persons or programs authorized by the parents in a written authorization (see Family Involvement standard).
- ☐ 6. The program maintains a signed, dated parental authorization listing the names of people/programs authorized to take the child from the program or receive the child at the end of the day, e.g., extended day child care programs, family child care providers.
- ☐ 7. Children are not in transit for more than forty-five minutes one way between home and the location of the program.
- ☐ 8. Children are not left unattended in the vehicle.
- ☐ 9. The vehicle is not left running if a driver is not in the driver's seat.
- ☐ 10. The vehicle is equipped with a communication system in good working order, e.g., cellular telephone, CB, two-way radio, walkie-talkie, beeper.
- ☐ 11. The vehicle is refueled only when passengers are not on board.
- ☐ 12. There is no smoking in the vehicle.

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(B. continued... Transportation SAFETY)

- ☐ 13. All sharp, heavy, or potentially dangerous objects or substances are securely restrained in vehicles transporting children.
- ☐ 14. First aid kit and emergency numbers for children are in the vehicle.

C. Transporting CHILDREN WITH DISABILITIES

- ☐ 1. Transportation services for young children with disabilities meet the requirements of each child's Individual Education Program and are in accordance with the provisions of Massachusetts Special Education Regulations 603 CMR 28.00 (also referred to as Chapter 766 Regulations).

D. SEATING and SEATBELTS

- ☐ 1. Suitable safety carriers, restraints, or seat belts are provided for and used by each child, driver, and attendant in accordance with Massachusetts law, which exempts school buses and taxis.
- ☐ 2. All restraints meet United States Department of Transportation Federal Motor Vehicle Safety Standards guidelines and are crash tested and child approved.
- ☐ 3. The number of people riding in any vehicle for a program-related activity does not exceed the number of seats in the vehicle at any time.
- ☐ 4. All passengers are seated while the vehicle is moving.
- ☐ 5. When more than eight children are being transported, an attendant other than the driver is required.
- ☐ 6. Families are provided referrals for financial assistance for child safety seats and their availability.

E. Transportation VEHICLES

- ☐ 1. The program ensures that all vehicles, including those used for field trips, conform with state and federal regulations.
- ☐ 2. Vehicles used for transportation of more than 8 children, whether contracted or program-owned, conform to Massachusetts pupil transportation requirements contained in the pertinent sections in MGL Chapter 90 and 540 CMR 7.00 (Minimum Standards for Construction and Equipment of School Buses) regulated by the Registry of Motor Vehicles and any pertinent federal rules and regulations.
- ☐ 3. Any vehicle whether program owned, private, or hired (e.g., vans, station wagons, or sedans), and the driver thereof, conform to requirements contained in M.G.L.c.90 section 7(D). This is applicable whether or not the transportation is paid for directly or indirectly by the parent(s) of the child(ren).
- ☐ 4. All vehicles, contracted and private, are registered and inspected in accordance with state law.
- ☐ 5. Any vehicle used to transport children is adequately insured (as minimums, injury per person: $100,000; injury per accident: $300,000; property damage: $5,000).

F. Transportation Plan for FIELD TRIPS

- ☐ 1. Families are provided guidelines for children's transportation safety in private vehicles or car pools *(see Appendix F: Program Driver Handbook)*.
- ☐ 2. When a parent or other temporary transportation provider transports children on a field trip or other event, he/she is given the program's driver handbook.
- ☐ 3. If public transportation is used for a field trip, the staff bring the following information: emergency telephone number(s), first aid kit, and money for emergency telephone call and/or a cellular phone in proper working order.
- ☐ 4. Caution is exercised when public transportation involves escalators and stairs.

Area 10: Administration

Purpose: The program will be efficiently and effectively administered by qualified individuals with attention to the needs of children, parents, and staff in order to provide high quality care and education for children. Program administrators will provide leadership and support for staff and families.

Chart 3: Requirements for Program Administration

Capacity (# of children scheduled to attend at any one time)	Hours of Operation/per Day	Required FTE Non-teaching Administrative Time	Minimum Qualifications for Administrator *(See Staff Qualifications section for details)*
1-12	Any number of hours	none	
13-24	4 or fewer hours	none	Early Childhood Teacher or Principal or (in OCCS Program) Lead Teacher *
13-24	More than 4 hours including programs with separate AM/PM sessions	none	
25-39	4 or fewer hours	50% of a full time position	
25-39	More than 4 hours including programs with separate AM/PM sessions	50% of a full-time position	Early Childhood Coordinator OR Principal OR (in OCCS program) Director I **
40-79	Any number of hours	100% of a full time position	
80+	Any number of hours	100% of a full time position	Early Childhood Coordinator OR Principal OR (in OCCS program) Director II**

* In an OCCS-licensed program, the lead teacher must be registered as lead teacher prior to the effective date of these standards. If registered as lead teacher after the effective date of these standards, s/he must complete the requirements outlined in the Staff Qualifications Standard.

** In centers with capacities of more than 39 children, and with every increase of 40 children, one additional full-time qualified lead teacher is required in the staff to child ratios.

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Use the following checklist of Standards and substandards for Administration for your self-assessment.

A. Evidence of AUTHORITY TO OPERATE

☐ 1. Public schools have the evidence of the authority to operate programs under Massachusetts General Law Chapter 70 and pertinent sections governing education.

☐ 2. A program operated by the Commonwealth or any political subdivision of the Commonwealth other than the public schools maintains documents that identify the statutory basis of its existence, and the administrative framework of the governmental department in which it operates.

☐ 3. A private program maintains documents that fully and completely identify its ownership. Corporations, partnerships, or associations identify their officers and maintain a file that includes, where applicable, the charter, partnership agreement, constitution, articles of organization and by-laws.

☐ 4. Where applicable, documents include, but are not limited to, copies of all papers filed with the Secretary of State of the Commonwealth and/or any political subdivision of the Commonwealth.

B. FINANCIAL Documentation

☐ 1. There is a projected one-year operating budget that estimates income and expenses.

☐ 2. There is a system of business management and staffing to ensure that the program maintains complete and accurate accounting of receipts and expenditures, books and records, including required personnel and children's records.

☐ 3. A new program demonstrates financial capability to carry out its program for at least a two-month period.

C. ADMINISTRATIVE PLAN

☐ 1. There is a written administrative plan that includes the following:

☐ a. business management and record keeping including financial records

☐ b. maintenance of children's records, personnel files, attendance records, evacuation drill logs, and other related operations for a minimum of five years

☐ c. development and maintenance of early childhood education curriculum

☐ d. special education services for children with disabilities

☐ e. staffing

☐ f. staff orientation, ongoing development, supervision, and evaluation

☐ g. coordinated planning for daily transitions of children to and from homes/programs

☐ h. a process for problem resolution and response

☐ i. parent involvement and social services

☐ j. designation of a qualified administrator responsible for the administrative plan. If the administrative duties are shared, the plan includes specific duties and hours of each person

☐ k. an organizational chart indicating the lines of authority, supervision, and the identification of the appropriate regulatory authority

☐ l. provisions for a temporary absence of administrator *(see D. Administrative Requirements and Responsibilities)*

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D. ADMINISTRATIVE REQUIREMENTS and Responsibilities *(See Chart 3 Requirements for Program Administration for clarification of Administrator Qualifications based on the number of children enrolled.)*

☐ 1. The program is soundly administered by at least one qualified staff member with designated administrative and program responsibilities.

☐ 2. Centrally administered public school programs may allocate central administration time toward non-teaching time.

☐ 3. Program requirements may include, but not be limited to, the following:

☐ a. the program has at least one designated person on the premises at all times during the hours of program operation to carry out administrative responsibilities

☐ b. in his/her absence, the administrator appoints a temporary designee who is at least teacher-qualified and meets the requirements outlined in the Staff Qualifications Standard

☐ c. staff are informed as to who is responsible for the administration of the program at any given time

☐ d. at least one full-time person who is designated as having responsibility for managing the program and who meets the requirements outlined in the Staff Qualifications Standard

☐ e. a sufficient amount of administrative time is allocated for business management and record keeping; development and maintenance of the program and curriculum; staff development, supervision and training; and parent involvement and social services

☐ f. the program does not use staff to perform administrative tasks during the same hours that they are responsible for teaching children

☐ g. the administrator in a program with a scheduled attendance of less than 25 children may be assigned to a group of children and counted in the staff to child ratio and be full-time on the premises during operating hours

☐ h. if the program site has a scheduled attendance of 25 to 39 children at any one time, the equivalent of a half-time non-teaching position is designated to administration

☐ i. if the program has a scheduled attendance of 40 or more children at any one time, the program has a full-time administrative position designated to carry out the duties on the premises during the hours of program operation

☐ j. public school preschool programs follow the Massachusetts Special Education Regulations regarding development of Individual Education Plans for children with disabilities

☐ k. in OCCS-licensed programs, for each child with a disability, a teacher-qualified person is designated to serve as the liaison. The liaison is responsible for: coordinating the child's education and care while in the program; coordinating with all service providers, and communicating with the child's parents, service providers, and program staff

☐ l. in OCCS-licensed programs, for each child with a disability, the program, with parental permission, participates in the development and review of the child's program plan in cooperation with the school district, Early Intervention Program and/or other health and service providers. In addition, the program, with parental permission, informs the appropriate administrator of Special Education in the school district in writing that the program is serving a child with a disability. *(See section J on Referral for more information.)*

☐ 4. Program responsibilities for the program administrator/early childhood director/coordinator may include, but not be limited to, the following:

☐ a. oversee the development and maintenance the early childhood curriculum and program

☐ b. observe in the classroom and consult with teaching staff

☐ c. provide family involvement component that may include family support and education, and family literacy activities

☐ d. work with the local Community Partnerships or Early Childhood Council

☐ e. collaborate with other human service agencies and other early childhood programs

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(D.4. continued... ADMINISTRATIVE REQUIREMENTS and Responsibilities)

- ☐ f. meet at least monthly with direct service staff and other administrator(s), where applicable, to consult on: program planning
- ☐ g. policies, and procedures, planning for individual children, and parent communication
- ☐ h. conduct staff meetings for a minimum of two hours per month with documentation of time and topics addressed
- ☐ i. plan staff development programs
- ☐ j. support the implementation of the standards

E. HIRING Policies

- ☐ 1. Hiring practices are nondiscriminatory.
- ☐ 2. Efforts are made to attract a diversity of qualified applicants who demonstrate an ability to work effectively with young children.
- ☐ 3. Hiring practices include the following:
  - ☐ a. review of resume or job application
  - ☐ b. interview with candidate
  - ☐ c. checking and documentation of personal references
  - ☐ d. completion of criminal record check (CORI) for each employee who has the potential for unsupervised contact with children
  - ☐ e. no person has the potential for unsupervised contact with children until he/she has been determined to have a background free of conduct, criminal or otherwise that would disqualify the person from employment in the program

F. PERSONNEL Policies

- ☐ 1. Written personnel policies are made available to all current and prospective employees.
- ☐ 2. Personnel policies include, where appropriate:
  - ☐ a. criteria and procedures for hiring, evaluation, promotion, probationary periods, disciplining, suspension, and dismissal of any staff person
  - ☐ b. procedure for handling staff grievances
  - ☐ c. procedure for handling allegations of abuse or neglect against a staff member
  - ☐ d. job description for all paid staff positions
  - ☐ e. organizational chart
  - ☐ f. the salary range/schedule and increments for each position
- ☐ 3. For public schools, new staff are hired at the district's rate for comparable positions and receive comparable benefits.

G. PROGRAM Policies

- ☐ 1. There are written policies/procedures that are given to staff and to parents on enrollment.
- ☐ 2. Program policies and information are provided to all parents and staff in their preferred language, when reasonable.
- ☐ 3. Program policies and information are reviewed and updated on at least an annual basis.
- ☐ 4. Families and staff are informed of any policy changes as needed.
- ☐ 5. Policies and procedures include but are not limited to the following (starred items* are available by request to interested parties):
  - ☐ a. program's curriculum goals and philosophy*
  - ☐ b. fee schedule*
  - ☐ c. intake procedures*
  - ☐ d. ages of children*
  - ☐ e. calendar, program closings, hours of operation*
  - ☐ f. schedule of typical daily routine
  - ☐ g. program evaluation, including procedure for parental input
  - ☐ h. services available including special education and services for children from linguistically and culturally diverse families
  - ☐ i. non-discrimination statement including providing services to all children and their families regardless of race, religion, cultural heritage, political beliefs, national origin, disability, or marital status or sexual orientation of parent(s)
  - ☐ j. orientation programs for children, families, and staff
  - ☐ k. policy for visitors and volunteers in the classroom
  - ☐ l. medical emergency and sick child procedures
  - ☐ m. program's child management/discipline policy
  - ☐ n. notification to parents regarding access to child's records as specified below
  - ☐ o. procedures for screening, referral and assessment and use of specialists in the classroom
  - ☐ p. procedures relating to children's records, including confidentiality policy
  - ☐ q. procedures for providing emergency health care and illness exclusion policy, and, upon request, a copy of the full health care policy
  - ☐ r. procedures for parent conferences, visits, and sharing information about children's progress
  - ☐ s. opportunities for parent involvement including input to program policy/operations
  - ☐ t. policies regarding supervision of children
  - ☐ u. termination and suspension policy
  - ☐ v. list of types of nutritious foods that should be sent for snacks and /or meals
  - ☐ w. policy/procedures for identifying and reporting child abuse and neglect
  - ☐ x. transportation plan
  - ☐ y. organizational information including identification of lines of authority and supervision and identification of the licensing authority
  - ☐ z. documentation that the parent has received and understands program policy information

H. STAFF Records

- ☐ 1. The program maintains a confidential personnel record for each staff member.
- ☐ 2. The confidential personnel record includes, but is not limited to, the following:
  - ☐ a. employee's resume or job application
  - ☐ b. documentation that employee has qualifications required for the position
  - ☐ c. reference verification
  - ☐ d. documentation of completed CORI evaluation
  - ☐ e. physician statement (see Staff Qualifications Standard)
  - ☐ f. documentation of staff in-service training
  - ☐ g. annual evaluations
  - ☐ h. documentation of current certification in basic first aid & CPR training if applicable
  - ☐ i. attendance records
  - ☐ j. verification that employee has received and understands program policies cited above

I. CHILD Records

- ☐ 1. Individual files are maintained and kept confidential for each child.
  - ☐ a. information in a child's record is not released to individuals not directly related to implementing the child's program without written consent of the child's parent(s).
  - ☐ b. a parent is notified in the event that a child's record is subpoenaed.
  - ☐ c. the child's parent(s), upon request, have access to his/her child's record at reasonable times.
  - ☐ d. parental access is provided within two business days or longer after the initial request with the consent of the child's parent(s).
  - ☐ e. parental access is not delayed, regardless of the physical location of its parts.
  - ☐ f. procedures are in place governing access to, duplication of, and distribution of record information.
  - ☐ g. the program maintains a permanent, written log in each child's record indicating any time a child's record has been released.
  - ☐ h. each time information is released from a child's record, the following information is recorded: the name, signature, and position of the person releasing the information; the date; the portions of the record that were released; the purpose of such release; and the signature of the person to whom the information is released.
  - ☐ i. the log is available only to the child's parent(s) and personnel responsible for records.
- ☐ 2. A child's parent(s) has the right to add information, comments, data, or any other relevant materials to the child's record.
  - ☐ a. if the parent(s) is of the opinion that adding information is not sufficient to explain, clarify, or correct objectionable material in the child's record, the parent has the right to have a conference with the director/early childhood coordinator to make his/her objections known.
  - ☐ b. within one week after the conference, a decision in writing is rendered to the parent(s) stating the reasons for the decision.
  - ☐ c. if the decision is in favor of the parent(s), steps are taken immediately to put the decision into effect.
- ☐ 3. A child's parent(s) has the right to request deletion or amendment of any information contained in the child's record (see above).

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(I. continued... CHILD Records)

☐ 4. When the child is no longer in the program, upon written request of the parent(s), the child's record is transferred to the parents, or any other person the parent(s) identifies.

☐ 5. Upon request, copies of any information contained in the child's record is furnished to the parent. A reasonable fee, not to exceed the cost of reproduction, may be charged.

☐ 6. The program obtains information to include in the child's record based on the forms located in *Appendix C* and updates the information annually.

☐ 7. The following information is kept in the child's record in a locked file cabinet in or near the child's classroom:

Upon admission (see Appendix C):

☐ a. child's face sheet/enrollment form

☐ b. developmental history and background information

☐ c. all information and authorization obtained when the child was enrolled

☐ d. medical and immunization record

Periodically/as needed:

☐ a. record of any prescribed medications administered to the child

☐ b. record of any referrals made

☐ c. copies of periodic progress reports

☐ d. individualized Educational Program(s)

☐ e. all pertinent correspondence concerning the child, including referrals for social services

☐ f. attendance records

J. REFERRAL

☐ 1. The program has procedures to provide families with comprehensive information about community resources.

☐ 2. The program has a written plan describing procedures for referring parents to appropriate services for the child and his/her family including, but not limited to: dental check-up, vision and/or hearing screening; public school preschool screening; social, mental health, educational and medical services should the program staff feel that assessment for such additional services would benefit the child. The written plan includes the following information:

☐ a. staff responsibilities for informing the program of their concern

☐ b. procedures for observing and recording the child's behavior and reviewing the child's record prior to making a referral.

☐ c. procedures for meeting with parents to notify them of the program's concern

☐ d. current list of referral resources in the community for children in need of social, mental health, educational or medical services, including the contact person(s) for Special Education (Chapter 766) and Early Intervention Programs

☐ e. documentation of written parental consent and maintenance of any referral including parent conferences and results in the child's record.

☐ f. the program provides follow-up to the referral, with parental permission, and contacts the agency or service provider who evaluated the child for consultation and assistance in meeting the child's needs at the program.

(J. continued... REFERRAL)

For public school programs:

☐ 3. The program utilizes pre-referral procedures and informs the parent of the availability of services and their rights under Massachusetts Special Education Regulations 603CMR 28l.00 (also known as Chapter 766), as follows:

☐ a. before referring a child to special education, the program administrator ensures that all efforts have been made to adapt the program to meet the needs of the child including, but not limited to modification of the curriculum, teaching strategies, teaching environment, schedules, or materials, and use of support services and staff

☐ b. the preschool program is aware of consultative services that may be requested from the public schools to assist in this pre-referral process

☐ c. the program provides a written statement to the parent(s) including the reason for recommending a referral, brief summary of the program's observation related to the referral, and the program's efforts in accommodating the child's needs

☐ d. the program obtains written parental consent before any referral is made

☐ e. the program provides follow-up to the referral, with parental permission, and contacts the agency or service provider who evaluated the child for consultation and assistance in meeting the child's needs at the program

For programs licensed by the Office of Child Care Services, the following applies:

☐ 4. The program accepts applications for children with disabilities. In determining whether to accept or serve a child with a disability, the program determines whether or not it would be an undue burden for the program to provide the needed service (in most cases there should not be a problem in providing services). The program follows in determining whether it would be an undue burden:

☐ a. the program may request parental permission to access the child's records from a school, early intervention program, or other service providers

☐ b. based upon available information the program, with parent's input, identifies in writing the specific accommodations, if any, required to meet the needs of the child at the program, including, but not limited to: any change or modifications in the child's participation in regular program activities; size of the group to which the child may be assigned and the appropriate staff/child ratio; any special equipment, materials, ramps or aids

☐ 5. In determining whether the accommodations required are reasonable or would cause an undue burden to the program, the program considers the following factors that include but are not limited to:

☐ a. the nature and cost of the accommodations needed to provide care for the child at the program

☐ b. ability to secure funding or services from other sources

☐ c. the overall financial resources of the program

☐ d. the number of persons employed by the program

☐ e. the effect on expenses and resources, or the impact otherwise of such action upon the program

☐ 6. Within 30 days of the receipt of the authorized and requested information, OCCS-licensed programs provide written notification to the parent if, in the program's judgment, the accommodations to serve the child would cause an undue burden to the program. (The accommodations related to the toileting needs of a child with a disability who is not toilet trained is not considered an undue burden.) The notification states the following:

☐ a. reason(s) for the decision

☐ b. information stating that the parent(s) may contact OCCS and request that the Office determine if the program is in compliance with the regulations

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(J. continued... REFERRAL)

- ☐ 7. OCCS–licensed programs, with parental permission, participate in the development and review of the child's IFSP/IEP in cooperation with the Local Public School, Early Intervention Program, and/or other health and service providers.
- ☐ 8. The program, with parental permission, informs the appropriate administrator of special education, in writing, that the program is serving a child with a disability.

K. TERMINATION and SUSPENSION Policy

- ☐ 1. The program informs the parent(s) of the availability of information and referral for other programs or services and provides this information to parents as requested.
- ☐ 2. When any child is leaving the program for any reason, current and future staff help prepare the child and other children for this event in a developmentally appropriate manner.
- ☐ 3. With written parental consent, the program, whether sending or receiving, communicates with the other program to ensure smooth transitions.
- ☐ 4. The program has written procedures (if applicable) for terminating or suspending a child's enrollment from the program. These procedures include the following:
  - ☐ a. circumstances under which a child may be terminated or suspended
  - ☐ b. procedures for notifying parents
  - ☐ c. actions to be taken by the program prior to termination or suspension, including, but not limited to, providing written documentation of the reasons for the termination or suspension to the child's parent(s)

L. OUTREACH

- ☐ 1. The program has a recruitment process that encourages families to apply for admission to the program.
- ☐ 2. The recruitment process is designed to inform all families with eligible children, including children with disabilities and children with diverse backgrounds, about the program and services available.
- ☐ 3. The recruitment process may include canvassing the local community, use of news releases and advertising, and use of family referrals and referrals from other public and private agencies.
- ☐ 4. Outreach is conducted in families' preferred language, when reasonable.

M. Community RESOURCES

- ☐ 1. The administrator is familiar with and collaborates with community resources including, but not limited to, social services, neighborhood centers, mental and physical health agencies, child care resource and referral agencies, other early care and education programs, businesses, and community organizations including the Community Partnerships for Children Council.
- ☐ 2. The administrator fosters children's sense of community by collaborating with educational programs such as museums and libraries, and public service departments such as fire and police, along with other local resources, and uses them to enrich and support the educational program. The program takes an active role in community planning to encourage ongoing communication, cooperation, and information sharing among programs and agencies, and to improve the delivery of community services to children and their families.
- ☐ 3. The program conducts outreach to encourage volunteers from the community.

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N. Required POSTINGS

☐ 1. The program posts the following information:

☐ a. current license or approval, if applicable

☐ b. emergency numbers including: name, address and telephone number of the health care consultant, telephone number of the fire department, police, ambulance, nearest emergency health care facility, Poison Control Center, telephone number and address of the program, including the location of the program in the facility, and if applicable, the adult designated to be called if there is only one staff member present at the program (this information is also immediately visible at each telephone)

☐ c. location of information about allergies and/or other emergency medical information provided by the parent upon enrollment

☐ d. emergency and evacuation procedures next to each exit

☐ e. location of health care policy and first aid kit

☐ f. weekly menus and/or snacks

☐ g. schedule for the current week, including field trips (for a typical day that includes snacks and meals)

☐ h. diapering and toileting policy

☐ i. behavior management policy

O. Required NOTIFICATIONS *(Public school programs notify the Superintendent; OCCS–licensed programs notify the Office of Child Care Services.)*

☐ 1. The program provides the following notifications:

☐ a. Immediate notification of death or serious injury to a child which occurs while child is in care (injury/illness that occurs while child is in care which requires hospitalization or emergency medical treatment)

☐ b. Notification of legal proceedings (brought against him/her or any person employed by the program if such a proceeding arises out of circumstances related to the care of children in the program or to the continued operation of the program) – 10 days

☐ c. Notification of change of ownership- prior to transfer

☐ d. Notification of change in chief administration- prior to transfer

☐ e. Notification of change of location- 30 days prior to change

☐ f. Notification of change in program space- 30 days prior to change

☐ g. Immediate notification of alleged abuse/neglect of a child while in the program or during a program related activity

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Area 11: Accreditation and Evaluation

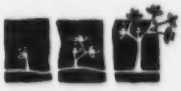
Purpose: The program will conduct systematic evaluation to ensure that quality care and education are provided and maintained as stated in these standards. The program will seek continuous improvement to ensure that it meets the needs of children and families, and that program staff are supported in their efforts. The program evaluation will identify areas of strength and areas of need and will be used to develop a plan for ongoing quality improvement. The program will agree to the external evaluation processes required under Community Partnerships for Children. The evaluation system includes both internal and external components.

A. National Association for the Education of Young Children (NAEYC) Accreditation

- ☐ 1. Early care and education programs receiving state funding under Community Partnerships for Children (CPC) agree to seek NAEYC accreditation and to complete the accreditation process within three years of initial funding by CPC.
- ☐ 2. Programs that are deferred by NAEYC will have an additional year to address the issues that lead to a deferral, and reapply.
- ☐ 3. Programs for whom there is unavoidable delay in accreditation within the allowed time frame may apply to the DOE for a waiver.
- ☐ 4. Programs that do not complete accreditation within the timelines described above will not be eligible to serve CPC children until they achieve accreditation.
- ☐ 5. Programs will maintain accreditation on an ongoing basis, applying for reaccreditation in a timely manner.

B. The program conducts regular PROGRAM EVALUATION

- ☐ 1. The program documents evidence that it meets key components of these Standards (*see areas coded * in Chart 1 in Overview*) plus any additional standards linked to its own funding and/or licensing agency.
- ☐ 2. Records related to accreditation or licensing are maintained on the premises and are available upon request.
- ☐ 3. **Internal evaluation:**
  - ☐ a. The program conducts an internal self-assessment at least annually
  - ☐ b. Documentation of the procedures and results of the self-assessment are maintained on the premises and available upon request
  - ☐ c. Programs may utilize NAEYC accreditation materials for internal evaluation during the years of initial accreditation and reaccreditation and checklists from Early Childhood Program Standards or a validated instrument such as Early Childhood Environment Rating Scale during off-years
  - ☐ d. The self-assessment process includes input from all stakeholders (administrator(s), parents, and staff, as well as others such as local council members, and resource and referral staff)
  - ☐ e. Results of the findings of the self-assessment are reflected in the program's quality improvement plans
  - ☐ f. The internal evaluation includes reporting on strengths as well as areas of need
  - ☐ g. At a minimum, the program conducts an annual assessment of Health & Safety and Administration using the checklists in these Standards during any year they are not involved in the NAEYC self-study process
  - ☐ h. The program demonstrates that they are addressing the *Guidelines for Preschool Learning Experiences* by maintaining written documentation of plans for curriculum
  - ☐ i. The program documents that staff meeting time is devoted to curriculum planning and child assessment on an ongoing basis



(B. continued . . .The program conducts regular PROGRAM EVALUATION)

☐ 4. **External Evaluation:** A team organized by the Department of Education's Early Learning Services will visit each CPC program a minimum of once every five years (Comprehensive Review Site Visit or CRSV), consisting of:

☐ a. site visits to a random selection of programs

☐ b. review of documentation of each program's progress toward accreditation

☐ c. review of records of the Partnership's CPC Evaluations (Community Profiles; Council Collaboration, and Program Quality)

☐ d. review of documentation of selected programs' annual self-assessments

☐ 5. The Department of Education will document the results of the visit and present them to the Council with any recommendations for follow up action or technical assistance.

☐ 6. The Department should be notified of concerns regarding any CPC program's noncompliance with any standards. Such concerns should be made in writing to Early Learning Services/Massachusetts Department of Education.

☐ 7. In cases where particular standards are identified as unmet, which undermine the overall adequacy of a program or which negatively affect health or safety, the individual program and the Partnership will be informed and an appropriate course of action will be developed to address the identified areas. *(Also see E. Waiver Process below.)*

☐ 8. CPC programs identified as having problems will receive a mid-cycle review.

D. The program has a PROBLEM RESOLUTION policy

☐ 1. The program has a problem resolution policy *(refer to Administration section for information regarding staff grievances).*

☐ 2. The program informs individuals (parents, providers, administrators) of the Department of Education's complaint management system in the event that a problem cannot be resolved.

☐ 3. If corrective action is required, the Department will notify the CPC Council for its information.

E. Waiver Process

☐ 1. The Department may, upon written request, grant a waiver for any of these standards or allow an alternative method for compliance with the standard if the applicant provides clear and convincing evidence that such a waiver is warranted.

☐ 2. The program should submit a Request for Waiver from the Department of Education's Early Learning Services.

☐ 3. Evidence required may include, at the request of the Department, expert opinion which demonstrates to the satisfaction of the Department that an applicant's alternative method for compliance will comply with the intent of the standard for which a waiver or variance is requested.

☐ 4. Such waivers will be granted, in writing, for a specified period of time.

☐ 5. If the Department finds evidence that the conditions of the waiver have been violated, the waiver will be rescinded.

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Glossary

For the purposes of this document, the following definitions apply:

Board — the Board of Education of the Commonwealth of Massachusetts.

Child with special needs/child with disabilities — the same definition as given in Massachusetts Special Education Regulations 603 CMR 28.00 (also referred to as Chapter 766).

Community Partnerships for Children (CPC) Council — a program for developing collaborative relationships and partnerships that improve and expand early childhood care and education in the community. MGL Chapter 15, Section 54 requires that a CPC Council include, at least, a public school principal, providers of early education and care to young children, parents of young children, local resource and referral agency, local Head Start agency, representatives of private providers of child care, family child care providers, representatives of the community including health and social service agencies, and others with experience in the care and education of young children.

Criminal Offense Record Investigation (CORI) — evidence of compliance with the requirements of 102 CMR 1.05,an investigation conducted into the criminal background of any individual who has the potential for unsupervised contact with children.

Department — the Department of Education of the Commonwealth of Massachusetts.

Family — a child's parents and other relations who are significantly involved in the child's life including, but not limited to, siblings, grandparents, aunts, uncles, and cousins.

Group — two or more children who participate in the same activities at the same time and are assigned to the same staff person for supervision, at the same time.

Individualized Educational Program (IEP) — the program prepared by a TEAM [as defined under Massachusetts Special Education Regulations 603 CMR 28.00 (also referred to as Chapter 766)] that describes any disabilities a child aged three through 21 may have, and that outlines the educational programs and services to be provided to meet those needs.

Individualized Family Service Plan (IFSP) — a document used primarily to guide the implementation of Early Intervention services for children birth to three and their families.

Inclusive — a program that includes children with and without disabilities. Also referred to as "integrated" programs.

Intern — a student from a high school or institution of higher education, an inexperienced teacher, or an administrator who is working in the program to gain experience in the care and education of young children.

Office of Child Care Services (OCCS) — the agency of the Executive Office of Health and Human Services responsible for licensing child care programs run by individuals or organizations other than public schools and managingvarious child and subsidy programs.

Parent — a child's father, mother, person acting as a parent of the child, or legal guardian. The term as used in these standards includes adoptive, divorced, or separated parents, subject to any written agreement between parents or court order governing the rights of such a person.

Preschool Program — a full- or part-day program serving primarily three and/or four year old children.

Preschooler — a child between the ages of two years, nine months and entry into kindergarten.

Program — a center-based early education/child care program that receives funding under Massachusetts Community Partnerships for Children.

Program site — refers to the location of a specific preschool classroom or classrooms that may be part of a larger preschool program.

Staff — persons paid to work in the program and who have direct responsibilities for the care and education of the children.

Standards — the policies and procedures, staffing, activities, and facilities required and necessary to meet the early childhood goals of Chapter 15, section 54.

State Early Childhood Advisory Council — the Advisory Council on Early Childhood Education established by the Education Reform Act of 1993 to advise the Massachusetts Board of Education on matters related to early childhood education.

Volunteer — a person who is not being paid to work in the program and who assists in the care and education of the children.

Appendix A

Suggested List of Equipment and Materials for Preschool Programs

The following list of materials and supplies should not be interpreted to be all-inclusive, but is intended to provide guidance in selecting appropriate materials and equipment that support the integration of disciplines for preschool and early childhood programs. All toys/materials need to be screened for their appropriateness for all children who will have access to them, to prevent choking or swallowing. They must be sturdy, safely constructed, flame retardant, easily cleaned, free from lead paint, protruding nails, rust, and other hazards that may be dangerous to children. Any equipment or materials identified by the United States Product Safety Commission as being hazardous should not be used.

Sufficient quantity and variety of developmentally appropriate play materials, equipment, and furnishings are necessary for the number of children enrolled. Suggested materials should not be interpreted to be limited to use in the highlighted area – most of the materials relate to more than one area of learning, and children and teachers are encouraged to integrate learning as much as possible.

Staff need consider the developmental stage as well as chronological age of each child, especially those with disabilities, when examining toys/materials, to ensure children's safety. Use of adapted materials and/or technology should be considered within each specific area based on individual children's abilities. In addition, toys/materials should be selected with attention to their cultural associations to extend children's cultural horizons.

Just having good materials is not enough. The magic emerges from what the teacher and children do with them, and how the teacher facilitates children's explorations. In the early stages, children will simply play with materials, feeling and manipulating them, arranging them in different ways. This is an important part of children's exploration, and should not be discouraged. As children gain familiarity with the materials, they begin to become aware of their attributes, discriminate among them, and experiment in new ways to use them.

To provide the greatest benefit, materials and activities should be freely available, child-initiated, and teacher-facilitated (as unstructured as possible), with adaptations in equipment/use to meet individual needs. There are many published resources on selecting materials related to preschool curriculum. However, teachers are cautioned to evaluate critically and selectively adapt materials for use in their own program.

Materials to Support Mathematical Learning

Also see sand/water play, block play, dramatic play, art materials, gross motor development, language/literacy.

- Things for measuring (pieces of string or ribbon, masking tape, blocks, ruler, tape measure, yardstick)
- Unit blocks and accessories (planks, tubes, balls, ramps, vehicles, figures)
- Variety of counting & sorting pieces
- Attribute blocks (basic shapes that vary in color, size, and thickness)
- Three dimensional blocks (cube, cylinder, pyramid)
- Manipulatives (e.g., Lego® & Bristle Blocks®)
- Parquetry blocks and tangrams
- Colored beads, cubes, pattern cards for matching shapes/colors
- Cuisenaire® rods (small colored rods that are numerically related)
- Unifix® cubes (plastic cubes in different colors representing units, tens, hundreds)
- Geo-boards (boards with pegs to stretch rubber bands to make patterns)
- Pegboards
- Balance scales
- Nesting or stacking toys for seriation
- Collections of materials for sorting (e.g., buttons, shells, spools) & egg cartons
- Lotto/matching games
- Materials/equipment that foster exploration of spatial concepts such as top/bottom, up/down, in/out
- Puzzles depicting sequence (e.g., size, events, matching a numeral to a group of objects)
- Simple games (e.g., board games using involve a die or dice so children count dots on the dice as well as the number of spaces they must move; games such as number bingo or variations of dominoes that use and encourage counting/matching)

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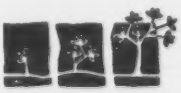
Materials to Support Science/Technology Learning

Also see sand/water play, block play, dramatic play, art materials, language/literacy.

- Aquarium with fish
- Pets or small animals (not if children are allergic)
- Non-poisonous seeds, flower pots, plants
- Gardening tools & dirt
- Magnets of varying strength
- Outdoor thermometer to observe temperature changes
- Magnifying lenses (hand and floor models)
- Binoculars
- Kaleidoscope & prisms
- Marble roll
- Eye droppers
- Tongue depressors, craft sticks
- Food color or paint for mixing colors
- Blocks, wedges, planks, tubes, balls for experimenting in the block area
- Computers & appropriate software
- Natural materials that can be matched/sorted/seriated (e.g., shells, rocks, pebbles, pine cones, acorns, leaves)
- Materials from the natural environment for investigation (e.g., birds' nests, honeycombs, cocoons)
- Safety goggles, child-size, several pair
- Play dough, clay & other modeling materials
- Flashlights
- Locks & keys
- Children's encyclopedia set
- Picture and reference books
- Stethoscope
- Unbreakable jars & lids of various sizes
- Variety of tactile materials (e.g., feathers, sandpaper, velvet, corduroy, cotton balls)
- Variety of sensory materials (sealed jars of materials for listening, smelling)
- Sand table and materials to support learning (e.g., sieves, sifters, strainers)
- Water table and materials to support learning (e.g., turkey basters, tubes, transparent containers of various shapes and sizes, water wheel, hand egg beaters, funnels of all sizes)
- Cooking/mixing materials (e.g., wire whisk, scrapers and spatulas, cookie cutters, wooden spoons, juice squeezer, cookie press, melon baller, rolling pin, apple and cheese slicer, food mill)

Materials to Support Language and Literacy

- Picture books, story books and non-fiction books on topics including:
  - poetry, rhyme and verse
  - fantasy, folk tales and fairy tales
  - fun and nonsense (magic, jokes, riddles)
  - social studies (families, self, community, culture)
  - recreation (sports, hobbies, toys, playtime)
  - science (weather, seasons, astronomy, earth, human life)
  - living creatures (zoo, farm, forest, jungle animals, pets, insects, birds)
  - feelings
  - children's everyday experiences
  - wordless books
  - picture dictionaries
- Flannel boards
- Posters depicting home and community life, animals, weather, transportation, etc.
- Photographs and posters that reflect a multicultural and anti-bias perspective
- Materials for drawing and "writing" stories and letters:
  - fat pencils, erasers, markers
  - paper, lined and unlined
  - envelopes
  - word cards
  - mailbox/message center
- Books with coordinating recordings
- Books made by the children themselves
- Props that go along with books
- Large chalkboard at child's eye level, chalk and erasers



Materials for Sand and Water Play

Sand and water play offer unlimited experiences that foster concept development in both mathematics and science.

- Sand table (indoors and outdoors)
- Water table (indoors and outdoors)
- Waterproof aprons/smocks
- Measuring cups and containers of various sizes
- Variety of containers (e.g., buckets, jugs, pitchers, scoops, squeeze bottles, watering cans, spray containers, squeeze bottles, shaker bottles/cans, margarine tubs, plastic jars)
- Variety of tools (e.g., shovels, spoons, molds, funnels, measuring spoons/cups, basters, ladles, colanders, sifters, sieves, water wheel, tubes, siphons, pumps, sponges, corks, styrofoam, light pieces of wood, molds, cookie cutters, kitchen utensils, hand-operated egg beaters, eyedroppers, paint brushes, foam rollers)
- Balance scale & weights
- Liquid detergent
- Objects that sink and float

Puzzles and Games

- Puzzles that depict sequence, size, or matching a numeral to a group of object
- Simple games (e.g., board games that involve a die or dice or spinner; number bingo or variations of dominoes)
- Visual discrimination games
- Picture bingo, lotto
- Pattern cards
- Sorting trays
- Plastic interlocking blocks
- Lincoln Logs® (or similar product)
- Tinkertoys® (or similar product)
- Manipulatives to snap, button, lace
- Things to take apart and put back together
- Sewing/lacing cards

Art Materials

- Easels & easel paper
- Paint (tempera, finger paint)
- Paintbrushes for a range of skill development
- Smocks
- Variety of paper (newsprint, glazed, wallpaper, construction, recycled paper)
- Crayons, markers, colored pencils, colored chalk
- Blunt scissors for left/right hand use
- Paste, glue, tape
- Scissors
- Hole punch
- String
- Sponges
- Fabric scraps
- Clay, play dough and modeling tools
- Variety of collage materials
- Stamping materials, washable inkpads

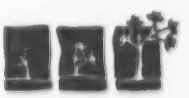
Woodworking

With supervision only

- Workbench
- Safety glasses (mandatory)
- Hammers, nails
- Screwdriver, screws

Materials related to Dramatic Play

- Dolls, doll furniture, and accessories and clothing (male, female, ethnic, handicapped)
- Telephones
- Toy stove, sink, refrigerator, cabinets
- Table and chairs
- Dishes, utensils, pots and pans
- Plastic food
- Empty food boxes and containers
- Cash register and play money
- Housekeeping equipment (broom, mop, ironing board and iron, clothesline and clothespins)
- Dress-up clothes and costumes (men's and women's) and jewelry
- Clothes rack or hooks
- Full-length, unbreakable mirror at child's level
- Puppets
- Pictures of daily life experiences
- Prop boxes with tools and clothing for various occupations
- Functional reading materials (e.g., cookbook, telephone book, magazines, newspapers)



Blocks and Accessories

- Large blocks (hollow wood, compressed sponge, and/or cardboard)
- Unit blocks in sufficient quantities to allow several children to play together
- Planks, platforms, ramps, tubes, balls for experimenting in the block area
- Waffle blocks
- Interlocking blocks (e.g., Lego®; Duplo®)
- Accessories for block play (vehicles such as boats, cars, trucks, planes, trains and tracks; figures of people and animals in various sizes)

Materials related to Music/Movement

Many concepts related to directionality and position in space (kinesthetic sense) are fostered through movement activities.

- Players (record, CD or tape) and recorded music of all kinds (classical, popular, dance, rhythmic, ethnic)
  Music should reflect and extend the cultural background of the children.
- Instruments for children to use (e.g., drums, cymbals, bells, rhythm sticks, triangles, shakers, tambourine, xylophone
- Instruments for teachers to use (e.g., autoharp, piano, guitar, recorder)
- Dance accessories (scarves, hoops, ribbons)

Materials for Large Muscle (Gross Motor) Development

(Many of these should be used only with supervision.)

- Boxes & boards
- Climbers
- Workbench, hammers, saws, nails, wood
- Wheel/pedal toys
- Hoops, balls, beanbags, frisbees
- Rocking boat
- Jumping boards or mattresses (used only with supervision)
- Scooter boards
- Platforms/steps
- Ring toss game
- Rope ladder (anchored)
- Seesaw
- Balance beam
- Movement activity recordings
- Pictures of children in large muscle play
- Sit & Spin®
- Cargo net for climbing
- Overhead ladder
- Wagons, wheelbarrows for pushing/pulling
- Parachute
- Large interlocking panels
- Tunnel for crawling
- Indoor space for dance, exercise
- Portable climbing equipment on impact-absorbing surface for indoor use
- Mats for exercise, tumbling
- Large blackboards

Materials for Fine Motor Development

Materials for developing strength/flexibility in hand muscles such as:

- sponges for squeezing water
- containers and utensils for dumping, pouring, and spooning in sand and water
- hole punchers and materials of varying thickness
- modeling materials of varying consistency (e.g., play dough, clay, plasticine)
- tools for grasping/releasing (e.g., tweezers, tongs, barbeque tools)
- paper for folding/tearing
- objects for twisting/turning
- pounding board

Materials for developing coordination/control of hand muscles such as:

- scissors of various kinds (double-holed scissors, spring-operated scissors, scissors that can be used for either left/right hand)
- beads for stringing
- lacing cards
- materials for snapping, buttoning and zipping
- pegs & pegboards
- writing and drawing instruments of varying length/diameter (e.g., crayons, markers, paint brushes, pencils)

Materials for developing finger skills such as:

- a lighted pegboard
- eye droppers
- small objects to manipulate

Materials that develop eye-hand coordination such as:

- a pounding board
- building toys (e.g., Lincoln Logs®, Tinkertoys®, Legos®, Bristle Blocks®)
- puzzles of all kinds
- a typewriter or keyboard

Appendix B

Office of Child Care Services Regulations on Physical Access

102 CMR Office of Child Care Services

7.26: Physical Access

(1) **Effective Dates.** The licensee shall ensure access for persons with disabilities either by compliance with the design standards in 521 CMR (Architectural Access Board) or by compliance with the requirements of 102 CMR 7.26.

(a) Group day care centers licensed as of September 8, 1992 and which have continued to be licensed shall be exempt from the requirements of 102 CMR 7.26.

(b) Group day care centers licensed as of September 8, 1992 and which have continued to be licensed, although subsequently changing ownership or licensee shall be exempt from the requirements of 102 CMR 7.26.

(c) Group day care centers licensed as of September 8, 1992 and which have continued to be licensed, but subsequently change location may be exempt from some or all of the requirements of 102 CMR 7.26 if the Office determines that circumstances exist which adversely affect a center's ability to comply with 102 CMR 7.26. Such circumstances include, but are not limited to: reason for relocation, availability of accessible space, effect on expenses and resources, or the impact otherwise of this action upon the licensee.

(d) Notwithstanding the exemptions in 102 CMR 7.26 (a) through (c), group day care centers that renovate or remodel their existing sites shall be in compliance with 780 CMR (the State Building Code) and the 521 CMR (the Architectural Access Board), as required by state or local building authorities.

(2) **Access to Care and Activities.** The level or story which can be reached by the accessible entrance shall provide access to the full range of activities provided by the program, including but not limited to: access to at least one group for each age grouping cared for and access to the space or room used for the activities as required by the written plan pursuant to 102 CMR.7.23(1).

(3) **Site Access.** A clear path of travel, a minimum of 36 inches wide, shall be provided from the sidewalk, parking area and passenger loading area to the accessible entrance. This path of travel shall have a continuous evenly paved or hard-packed surface, with no changes in level greater than 2 inches and a slope not to exceed 1:20.

(a) If the slope is greater than 1:20, then the path shall comply with the requirements 102 CMR 7.26(4).

(b) If curb cuts are provided as part of the path of travel they shall comply as follows:

1. Width minimum 36 inches excluding sloped sides
2. Slope of curb cut shall not exceed 1:12
3. Lip at road edge maximum 2 inches high
4. Sides of curb cuts shall extend no less than 24 inches at the curb

(4) **Ramps.** All ramps shall comply with the following:

(a) A slope no greater than 1:12

(b) A minimum width of 48 inches between the handrails

(c) Handrails set on both sides at a height of 19 inches and 34 inches, extending 12 inches beyond the top and bottom of the ramp. The handgrip portion shall be round or oval with a diameter 1 1/4 to 2 inches

(d) Level platforms a minimum of 48 inches long at the bottom, the top, every 32 feet and where the ramp changes direction

(e) A non-slip surface

(5) **Entrance.** At least one entrance to the building shall be accessible to persons with disabilities. If the main entrance is not accessible, a sign with the international symbol of accessibility shall be posted directing persons from the ordinary path of travel to the accessible entrance. The approach to the accessible entrance shall be a complying walk or ramp with a level area 60 x 60 inches exterior of the doorway.

(6) **Doorways.** Interior and exterior doors shall meet the following requirements:

(a) Doors shall have a minimum width of 34 inches. Pivoted and balanced hardware doors and other non-hinged doors shall provide a minimum clear opening of not less than 36 inches measured at 90E

(b) Thresholds maximum 2 inches high, beveled on both sides

(c) Door hardware operable with a closed fist including but not limited to levers, push plates, pull bars, panic hardware or automatic door openers, but not including conventionally operating door knobs or thumb latch devices

(d) An 18 inch clear level floor area beyond the latch, pull side of the doorway

(e) Door pressure no greater than 15 pounds for exterior doors and 8 pounds for interior doors, door closing speed minimum 6 seconds

(f) If applicable, a vestibule with a length a minimum of 48 inches plus the width of the door opening into the space

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(7) **Elevators.** If an elevator is used as part of the path of travel or to provide access to full program activities, it shall comply with the following:

(a) Self leveling, within 2 inches of the floor

(b) Middle of button panel at landing a maximum of 42 inches high

(c) Minimum of 32 inch wide door opening

(d) Reopening device activated when cab door is obstructed

(e) Audible signals in elevator cab and at landings

(f) Raised floor numbers, letters or symbols

(g) Cab size a minimum of 54 inches by 54 inches measured from wall-to-wall and wall-to-door

(h) Top of control panel a maximum of 54 inches high

(i) At least one handrail in the car

(8) **Wheelchair Lifts.** If a wheelchair lift is used as part of the path of travel or to provide access to full program activities, it shall comply with 524 CMR (Board of Elevator Regulations) and receive a variance from the Architectural Access Board.

(9) **Stairs.** All interior and exterior stairs shall comply with the following:

(a) No open risers

(b) Nosing not projecting and not damaged

(c) Double handrails on both sides of the stairs: the upper rail set between 30 inches and 33 inches measured vertically above the nosing of the treads and the lower rail set at approximately 20 inches measured vertically at the face of the rise. The top handrail shall extend at least 12 inches beyond the top and bottom of the stairs

(d) A round or oval handgrip with a diameter between 1 1/4 inches and two inches

(10) **Restrooms.** At least one unisex restroom or one each male and female restrooms shall be provided that comply with the following:

(a) A doorway that meets the requirements of 102 CMR 7.26(6)

(b) A 5 foot turning radius measured 12 inches above the floor

(c) If the restroom contains stalls, at least one stall shall measure 5 feet by 6 feet

(11) **Outdoor Space.** An outdoor play area shall be accessible by an entrance and doorway that meet the requirements of 102 CMR 7.26(3) and (4). A hard-packed or paved, unobstructed path of travel with no abrupt changes in level greater than 2 inches shall be provided from the doorway to the area.

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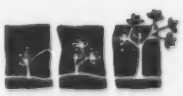


Appendix C

For Program Use
Date of Admission:
Age at Admission:

Child's Face Sheet/Enrollment Form

Child Information:

Child's Name: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____

Telephone: _____ Primary Language: _____

Child's Identifying Information:

Eye Color: _____ Hair Color: _____ Sex: _____ Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

Allergies: _____

Parent/ Guardian Information:

Parent/Guardian Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone: _____

Business Name: _____

Business Address: _____

Telephone: _____ Hours at Work: _____

Parent/ Guardian Information:

Parent/Guardian Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone: _____

Business Name: _____

Business Address: _____

Telephone: _____ Hours at Work: _____

If parents cannot be contacted, notify:

Name: _____ Relationship to Child: _____

Address: _____

Telephone (day time): _____

Others in Family: _____

Name: _____ Relationship to Child: _____

Address: _____

Telephone (day time): _____

Others in Family: _____

Child's Physician/Clinic: _____

Telephone: _____

Parent/Guardian Signature: _____ Date: _____

Adapted from Office of Child Care Services Group Day Care Forms Packet

This information needs to be kept on file while children are in care.

Developmental History and Background Information

Child's Name: _____ **Date of Birth:** _____

Developmental History

Age began sitting: _____ crawling: _____ walking: _____ talking: _____
Any speech difficulties: _____
_____
Special words to describe needs: _____
_____

Health

Any known complication at birth? _____
_____
Serious illnesses and/or hospitalizations: _____
_____
Special physical conditions, disabilities: _____
_____
Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____
_____
Regular medications: _____
_____

Eating Habits

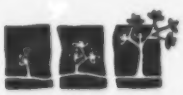
Child eats with hands (yes or no): _____ spoon: _____ fork: _____
Special characteristics or difficulties: _____
_____
Favorite foods: _____
_____
Foods refused: _____
_____

Toilet Habits

How does child indicate bathroom needs (include special words)? _____
_____
Is child ever reluctant to use the bathroom? _____
_____
Does child have accidents? _____
_____

Sleeping Habits

Does child become tired or nap during the day (include when and how long)? _____
When does child go to bed at night? _____ and get up in the morning? _____
Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.): _____
_____



Appendix D

Health Care Policy Requirements

I. Infection Control

The program ensures that staff, volunteers and children wash their hands with liquid soap and running water using friction and dry them using individual or disposable towels at least at the following times:

a. before eating or handling food or food preparation materials

b. after diapering, toilet training, and toileting

c. after coming into contact with bodily fluids and discharges (the program provides disposable gloves to be used for the cleanup of blood spills and bodily fluids)

d. after handling pets or other animals or their equipment

e. before and after administering medication

f. after cleaning

The following specified equipment, items or surfaces are washed with soap and water and disinfectant using the following schedule or more frequently:

After each use:

a. toilet training chairs which have first been emptied into a toilet

b. sinks and faucets used for hand washing after sink is used for rinsing a toilet training chair

c. diapering surfaces

d. toys mouthed by children

e. mops used for cleaning body fluids

f. bibs

g. thermometers

h. tables used for eating meals and snacks

At least daily:

a. toilets and toilet seats

b. containers, including lids, used to hold soiled diapers

c. sinks and sink faucets

d. drinking fountains

e. water table and water play equipment

f. play tables

g. smooth surfaced non-porous floors

h. mops used for cleaning

i. cloth washcloths and towels

Disinfectant solutions

Disinfectant solution is either a self-made bleach solution or a commercially prepared disinfectant that has been registered by Environmental Protection Agency (EPA) as a sanitizing solution (registration can be identifiable on product label; used precisely as directed on label). Household bleach used to prepare a self-made bleach solution shall have 5.25% available chlorine as hypochlorite. A self-made bleach solution is labeled and stored in either a spray bottle or bottle that is sealed with a cap and solution must be prepared daily or tested daily in accordance with the Department of Public Health's guidelines. All such disinfectants are stored in a secure place and out of reach of children.

Solution #1

Use 1/8 teaspoon of bleach per quart of water. This solution is appropriate for dishes, fever thermometers, and mouthable baby toys.

Solution #2

Use 1/4 teaspoon of bleach per quart of water. This solution is appropriate for table tops, high chairs, food-contact surfaces, large toys, drinking fountains, water tables, water play equipment, cribs, cots, and sleeping mats. It works well in a spray bottle, so it can easily be used on table tops between activities.

Solution #3

Use 1/4 cup of bleach per gallon of water or one tablespoon of bleach per quart of water. This solution is appropriate for cleaning bathroom sinks, toilets, diaper changing tables, potty chairs, and diaper pails.

Solution #4

Use 1 part bleach to 10 parts water. This solution is appropriate for use on blood and vomit spills. If the spill occurs on a surface or item listed under solutions #1 and #2, clean item with solution #4, wash with soap or detergent and rinse again, and then use the weaker solution listed above for a final rinse.

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II. Sanitation and Hygiene Procedures for Diapering and Toileting

Sanitation and Hygiene Procedures for Diapering and Toileting

a. Each child's diaper is changed when wet or soiled.

b. A supply of clean, dry diapers is maintained adequate to meet the needs of children.

c. A disposable covering is used on changing surface which is of adequate size to prevent the child from coming in contact with changing surface and changed after each child has been diapered and disposed of in a closed container.

d. Running water is adjacent to diapering area for hand washing (adaptations for running water may be acceptable (e.g., coffee, urn).

e. Each child is washed and dried with individual washing materials during each diaper change. After changing, child's hands are washed with liquid soap and running water; hands are dried with individual or disposable towels.

f. Changing surface is washed and disinfected after each use.

g. Soiled disposable diapers are placed in a closed container that is lined with a leakproof disposable lining. These diapers shall be removed from the facility daily or more frequently as necessary.

h. Soiled non-disposable diapers and soiled clothing are placed in an individual sealed, plastic container labeled with child's name and returned to child's parent(s) at end of day.

i. Staff wash their hands with liquid soap and running water and dry hands with individual or disposable towels after changing child's diaper or helping child with toileting.

j. Changing surface is smooth, intact, impervious to water and easily cleaned

k. Diapering areas and hand washing facilities are separate from areas used for food preparation and food service.

l. A common changing table or diapering surface is not used for any other purpose.

III. Medication Log

Medication Log

Child's name: _____ **Medication:** _____

Dose	Date	Time	Given by	Comments

Source: Health and Safety in Childcare: A Guide for Child Care Providers in Massachusetts, 1995, Massachusetts Department of Public Health

IV. Criteria for excluding an ill or infected child from an early childhood program.

Chicken pox for five days after the onset of the rash or when all lesions have dried and crusted, whichever is later.

Diarrhea (more than the child's normal number of stools, with increased stool water or decreased form) that is not contained by diapers or controlled by toilet use, or stools that contain blood and/or mucus.

Head lice for 24 hours after treatment was begun.

Hepatitis A virus infection, for one week after onset of illness and jaundice (if any) has disappeared or until immune serum globulin has been administered to appropriate children and staff in the program within two weeks of exposure, as directed by the health department.

Impetigo for 24 hours after treatment was begun.

Intestinal Tract Diseases, Infectious Diarrheal Diseases (Giardia, Shigella, Salmonella, Campylobacter), children or staff who have uncontrolled diarrhea while attending child care must be removed from the program; children or staff who have uncontrolled diarrhea with fever or vomiting should be kept home until the fever and diarrhea are gone and there is documentation of three (3) negative stool samples. Children or staff who have mild diarrhea without vomiting or fever may come to the program if special precautions are followed (listed under Infection Control).

Measles for four days after the rash appears.

Mouth sores in a child who cannot control his or her saliva, unless the child's physician or local health department states the child is noninfectious.

Mumps for nine days after onset of gland swelling.

Pertussis until five days of appropriate antibiotic therapy has been completed.

Pinworm infection for 24 hours after treatment was begun.

Purulent conjunctivitis (pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and eye pain or redness of the eyelids or skin surrounding the eye), for 24 hours after treatment was begun.

Rash with fever or behavior change, until a physician has determined that the illness is not a communicable disease.

Ringworm infection until after treatment has begun.

Rubella for seven days after the rash appears.

Scabies until after treatment has been completed.

Strep throat for 24 hours after treatment was begun and the child has had a normal temperature for 24 hours.

Tuberculosis until the child's physician or local health department authority states the child is noninfectious.

Vomiting twice or more in the previous 24 hours, unless the vomiting is determined to be due to a noncommunicable condition and the child is not in danger of dehydration.

Children do not need to be excluded for other minor illnesses, unless:

- They are too sick to participate comfortably in program activties.
- They need more care than the staffing level allows.
- They are unusually lethargic, irritable, cry persistently, have difficulty breathing, or show other signs of possible severe illness.

Source: Health & Safety in Childcare: A Guide for Childcare Providers in Massachusetts, 1995, Massachusetts Department of Public Health

Appendix E

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You Can Prevent Choking

Young children are at the highest risk of choking on food. Choking kills more young children than any other home accident. The foods that are popular with young children are often the ones that can cause choking.

Foods that may cause choking include:

Firm, smooth or slippery foods that slide down the throat before chewing such as:

- whole hot dogs
- whole grapes
- whole pieces of canned fruit
- peanuts
- hard candy

Small, dry or hard foods that are difficult to chew and easy to swallow whole, such as:

- popcorn
- small pieces of raw carrot or other raw hard vegetables
- nuts and seeds
- potato and corn chips
- pretzels

Sticky or tough foods that do not break apart easily and are hard to remove from the airway, such as:

- spoonfuls or chunks of peanut butter or other nut/seed butters
- meat
- chewing gum
- marshmallows
- raisins and other dried fruit

How can you make eating safer for young children?

Watch children during meals and snacks and encourage them to:

- Sit quietly
- Eat slowly
- Chew food well before swallowing
- Eat small portions and take only one bite at a time

Prepare table foods so they are easy to chew:

- Cut foods into small pieces or thin slices
- Cut round foods, like hot dogs, into short strips rather than round pieces
- Remove all bones from fish, chicken and meat
- Cook food until it is soft
- Remove seeds and pits from fruit

Source: United States Department of Agriculture (1995). *Child and Adult Care Food Program*

Appendix F

Program Driver Handbook

This handbook is **in addition to** the Transportation Safety Requirements found in Area 9. The Program Driver Handbook should be shared with anyone transporting children in the program. In addition, prior to leaving the program the day of a field trip it is the responsibility of the director and drivers to complete the following checklist together:

Checklist:

- ☐ the vehicle is free of personal items and hazardous materials
- ☐ windshield is clean
- ☐ gas is sufficient for trip
- ☐ seat belts sufficient for one per child and are in working order
- ☐ the vehicle is smoke free
- ☐ current inspection sticker is visible

The driver has in his/her possession prior to leaving:

- ☐ the name and emergency information of children in the vehicle and any needs or problems which may cause a child difficulty while being transported
- ☐ the names and grouping of the whole group, listed by chaperone, and indicating the children for whom the chaperone is responsible
- ☐ the schedule for the field trip (arrival times, program for day, bathroom times and arrangements, snack times, emergency procedures, what to do if a child becomes ill; if driver becomes ill; if vehicle breaks down; if driver becomes lost, etc.)
- ☐ the route to be taken to the field trip destination
- ☐ a two-way communication system such as a cellular telephone, CB radio, or money for a telephone call
- ☐ emergency telephone numbers to alert program of problems (home base and field trip destination)
- ☐ first aid kit

While children are in the vehicle, the driver:

- ☐ may not refuel the vehicle
- ☐ may not smoke in vehicle or near children at any time
- ☐ may not talk on cellular telephone while driving (if emergency, pull over safely to use cellular telephone)
- ☐ may not touch any child other than to provide assistance
- ☐ may not talk to any child in a harsh tone
- ☐ may not leave children in vehicle unattended
- ☐ must not drive over speed limit
- ☐ must not be taking any medications prior to driving that could affect ability to drive
- ☐ must not allow or give children any food or drinks in the vehicle
- ☐ must insure appropriate child-oriented conversations
- ☐ must be sure doors are locked (child safety) while children are in vehicle
- ☐ must immediately report to person in charge of field trip any issues with children, vehicle or self

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Appendix G

Massachusetts Department of Education Teacher Licensing Requirements for Early Childhood: Teacher of Students With and Without Disabilities (PreK – Grade 2)

Note: The information below is provided for reference only. For additional pertinent information or updates, check the Department's web site, www.doe.mass.edu.

There are three levels of licensing for teachers – preliminary, initial and professional. Requirements for each are listed below.

Preliminary License

Possession of a bachelor's degree

Passing score on the Communication and Literacy Skills test

Passing score on the subject matter knowledge test(s) appropriate for Early Childhood license.

Additional requirements for early childhood:

a. Seminars or courses that address the teaching of 1) reading, 2) English language arts, and 3) mathematics.

b. Seminars or courses on ways to prepare and maintain students with disabilities for general classrooms; for example, use of strategies for learning and behavioral management principles.

c. Passing score on the Foundations of Reading Test.

Evidence of moral character.

Initial License

Possession of a bachelor's degree.

Passing score on Communication and Literacy Skills test.

Passing score on subject matter knowledge test(s) appropriate for Early Childhood license.

Seminars or courses that address the Professional Standards set forth in 603 CMR 7.08.

a. Field based experiences in varied settings and integrated into courses or seminars that address Professional Standards for Teachers.

b. Supervised practicum or a practicum equivalent in the field and at the level of the license sought.

Evidence of moral character.

Field Experience for the Initial License/Practicum

Field-based experiences are an integral component of any program for the preparation of educators. They must begin early in the preparation program (pre-practicum) and be integrated into the courses and seminars that address Professional Standards for Teachers.

A practicum or equivalent must be supervised jointly by the supervisor for the preparation program and the supervising practitioner. The supervising practitioner responsible for the practicum and the program supervisor will evaluate the candidate on the basis of appropriate standards.

A practicum for Early Childhood Teacher of Students with and without Disabilities must be at least 300 hours—100 hours in PreK-K; 200 hours in grades 1-2; and at least one setting must include children with disabilities.

Professional License

Possession of an Initial license in the same field prior to beginning.

Completion of a one-year induction program with a mentor.

At least three full years of employment in the role of the license.

At least 50 hours of a mentored experience beyond the induction year, which may be fulfilled as part of a program option in 603 CMR 7.04 (2) (c) 5.

Completion of one of the following:

a. A Department-sponsored Performance Assessment Program

b. An approved district-based program of at least 50 contact hours of content-based seminars beyond the induction year.

c. An approved Master's degree program for the Professional, in the same field as an individual's Initial license and in an education school.

For early childhood and other teacher licenses at levels PreK – 8: an approved Master's degree program in which at least half the credits are either 1) upper-level undergraduate or graduate courses in arts or sciences or in professional schools other than education, in the academic disciplines appropriate to the instructional field of the license sought, or 2) pedagogical courses, beyond those for the Initial license, based on the academic discipline, developed or taught in collaboration with experts who hold at least a Master's degree in that discipline or who hold a full-time faculty position in that discipline in the arts or sciences or appropriate professional school other than education.

d. Programs leading to eligibility for master teacher status, such as those sponsored by the National Board for Professional Teaching Standards and others accepted by the Commissioner.

e. A master's degree program or other advanced graduate program in the discipline relevant to the license sought in a graduate or professional school other than education in an accredited college or university.

f. For those who have already completed a master's degree program or other advanced graduate program, an approved non-degree, 18-credit program (where one credit is equivalent to 15 contact hours) in which at least half the credits are in the academic disciplines related to the license sought and in which any pedagogy courses are advanced beyond those for the Initial license.

For teacher licenses at the PreK-8 levels: an approved program in which at least half the credits are in upper-level undergraduate or graduate courses in arts and sciences or in professional schools other than education, in the academic disciplines appropriate to the instructional field of the license sought.

Note: The Department of Education has a Review Panel to consider alternative routes to licensure for candidates who do not meet all of the requirements for licensure through the traditional process (e.g., someone licensed/certified to teach in another country and/or who may not have access to complete documentation).

Teachers must also meet 1) subject matter knowledge requirements for their chosen license (in this case, Preschool – Grade Two) and 2) more general professional standards for teachers.

Subject Matter Knowledge Requirements for Early Childhood: Teacher of Students With and Without Disabilities (PreK–2)

a. The following topics will be addressed on the Foundations of Reading test:

1. Reading theory, research, and practice

a. Knowledge of the significant theories, approaches, practices, and programs for developing reading skills and reading comprehension.

b. Phonemic awareness and phonics: principles, knowledge, and instructional practices.

c. Diagnosis and assessment of reading skills using standardized, criterion-referenced, and informal assessment instruments.

2. Development of a listening, speaking and reading vocabulary.

3. Theories on the relationship between beginning reading and writing.

4. Theories of first and second language acquisition and development.

b. The following topics will be addressed on a test of other subject matter knowledge:

1. English language arts

a. Children's literature: genres, literary elements, literary techniques, vocabulary demands.

b. Approaches and practices for developing skill in using writing tools.

c. Writing process and formal elements of writing.

2. Basic principles and concepts related to PreK – 2nd Grade mathematics in number sense and numeration, patterns and functions, geometry and measurement, and data analysis.

3. Basic principles and concepts of the physical and life sciences appropriate to PreK – Grade 2.

4. Basic principles and concepts of history, geography, government, and economics appropriate to PreK – Grade 2.

5. Basic theories of cognitive, social, physical, language and emotional development in children with and without disabilities.

6. Preparation, implementation, and evaluation of Individualized Education Programs (IEPs).

c. Topics in basic principles and concepts of the arts, health and physical education appropriate to PreK – Grade 2 shall be included in an approved program, but will not be addressed on a written test of subject matter knowledge.

Professional Standards for Teachers

Application. The Professional Standards for Teachers define the pedagogical and other professional knowledge and skills required of all teachers. These Standards are used by teacher preparation providers in preparing their candidates, by the Department in reviewing programs seeking state approval, and by the Department as the basis of performance assessments of candidates. Candidates shall demonstrate that they meet the Professional Standards by passing a Performance Assessment for Initial License 1) in the practicum or equivalent phase of preparation for the Initial License, or 2) as part of the Performance Assessment Program. The Department will issue guidelines for each type of performance assessment to reflect differences in growth in professional knowledge and skills.

Standards for All Teachers (excepting some specialists)

a. Plans curriculum and instruction.

1. Draws on content standards of the relevant curriculum frameworks to plan sequential units of study, individual lessons, and learning activities appropriate to the specific discipline, age, and range of cognitive levels being taught.
2. Draws on results of formal and informal assessments as well as knowledge of human development to identify teaching strategies and learning activities appropriate to the specific discipline, age and range of cognitive levels being taught.
3. Identifies appropriate reading materials, other resources, and writing activities for promoting further learning by the full range of students within the classroom.
4. Identifies prerequisite skills, concepts, and vocabulary needed for the learning activities.
5. Plans lessons with clear objectives and relevant measurable outcomes.
6. Draws on resources from colleagues, families and the community to enhance learning.
7. Incorporates appropriate technology and media in lesson planning.
8. Uses information in Individualized Education Programs (IEPs) to plan strategies for integrating children with disabilities into general education classrooms.

b. Delivers effective instruction.

1. Communicates high standards and expectations when beginning the lesson:
   a. Makes learning objectives clear to students.
   b. Communicates clearly in writing and speaking.
   c. Uses engaging ways to begin a new unit of study or lesson.
   d. Builds on students' prior knowledge and experience.
2. Communicates high standards and expectations when carrying out the lesson:
   a. Uses a balanced approach to teaching skills and concepts of elementary reading and writing.
   b. Employs a variety of content-based and content-oriented teaching techniques from more teacher-directed strategies, such as direct instruction, practice, and Socratic dialogue, to less teacher-directed approaches, such as discussion, problem-solving, cooperative learning, and research projects (among others).
   c. Demonstrates an adequate knowledge of and approach to the academic content of lessons.
   d. Employs a variety of reading and writing strategies for addressing learning objectives.
   e. Uses questioning to stimulate thinking and encourages all children to respond.
   f. Uses instructional technology appropriately.
3. Communicates high standards and expectations when extending and completing the lesson:
   a. Assigns homework or practice that furthers learning and checks it.
   b. Provides regular and frequent feedback to children on their progress.
   c. Provides many and varied opportunities for children to achieve competence.
4. Communicates high standards and expectations when evaluating student learning:
   a. Accurately measures student achievement of, and progress toward, the learning objectives with a variety of formal and informal assessments, and uses results to plan further instruction.
   b. Translates evaluations of student work into records that accurately convey the level of student achievement to students, parents or guardians, and school personnel.

c. Manages classroom climate and operation.

1. Creates an environment that is conducive to learning.
2. Creates a physical environment appropriate to a range of learning activities.
3. Maintains appropriate standards of behavior, mutual respect, and safety.
4. Manages classroom routines and procedures without loss of significant instructional time.

d. Promotes equity.

1. Encourages all students to believe that effort is a key to achievement.
2. Works to promote achievement by all students without exception.
3. Assesses the significance of children's differences in home experiences, background knowledge, learning skills, learning pace, and proficiency in the English language for learning the curriculum at hand and uses professional judgment to determine if instructional adjustments are necessary.
4. Helps all students to understand American civic culture, its underlying ideals, founding political principles and political institutions, and to see themselves as members of a local, state, national and international civic community.

e. Meets professional responsibilities.

1. Understands his/her legal and moral responsibilities.
2. Conveys knowledge of and enthusiasm for his/her academic discipline to students.
3. Maintains interest in current theory, research, and developments in the academic discipline and exercises judgment in accepting implications or findings as valid for application in classroom practice.
4. Collaborates with colleagues to improve instruction, assessment, and student achievement.
5. Works actively to involve parents in their child's academic activities and performance, and communicates clearly with them.
6. Reflects critically upon his or her teaching experience, identifies areas for further professional development as part of a professional development plan that is linked to grade level, school, and district goals, and is receptive to suggestions for growth.
7. Understands legal and ethical issues as they apply to responsible and acceptable use of the Internet and other resources.

Source: Regulations for Educator Licensure and Preparation Program Approval. 603 CMR 7.00. MA Department of Education, June, 2003.

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